

SPEAKING THEIR WORLD:
AN ASSESSMENT OF THE PROFESSIONAL DEVELOPMENT NEEDS
OF MOZAMBICAN TRAINERS

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Abstract

The Training for Health Renewal Program (THRP) is a multi-year CIDA-funded partnership between the Health Science Faculties at the University of Saskatchewan and the Ministry of Health of Mozambique. *Participatory Teaching, Learning and Research: Core Facilitator Training* was a curriculum offered to participant Trainers in THRP between August 1999 and November 2000, at the University of Saskatchewan. The participants were seven Mozambican health care workers who have since returned to Mozambique to work as “core facilitators of improved community health practice” in Massinga, Mozambique.

In January, 2001, I traveled to Mozambique to contribute to the overall THRP program evaluation through the completion of a needs assessment. The assessment examined the current practice experience of the Trainers, used that experience to assist the Trainers in identifying professional development needs, and examined the use of the Story-Dialogue method as used in this particular context. The participants were six of the original seven Trainers. Data were collected using one-on-one interviews, the Story-Dialogue method, a focus group debriefing session, and journaling.

The current practice experience of the Trainers involved both challenges and successes. Challenges included bridging several gaps related to having studied in Canada in order to practice in Mozambique, working with local communities, working with colleagues and students, and a lack of support. Successes described included those found when working with local communities and working as a team.

The Trainers identified a rich breadth of professional development needs. Content needs included learning related to planning, formalizing their practice of critical reflection, recognizing their own assets and limitations, and dealing with organization issues affecting their professional development. As well, the Trainers identified course-specific areas of interest. Methods for achieving development included relationship building, use of distance education and participatory methods, and formalizing access to continuing education.

Finally, the Story-Dialogue method was found to be particularly useful in this context. The Trainers found the method fostered both personal and organizational change and was inclusive. Challenges of the method included the risk of disclosure, the need to formalize follow-up, and the potential need to adapt the method depending on the community using it.

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Dedication

I'd like to dedicate this thesis to two sets of people.

First, to my Sarah and Adam - you are my heart's joy.

Second, to the Trainers for agreeing to take part in this research. Without your commitment to take the time and your willingness to explore sensitive and difficult issues, this thesis would not have been possible. Muita Obrigada!

Table of Contents

PERMISSION TO USE.....	i
ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
DEDICATION.....	iv
TABLE OF CONTENTS.....	v
LIST OF FIGURES.....	viii
1. INTRODUCTION.....	1
1.1 Background.....	1
1.2 Problem Statement.....	2
1.3 Purpose of the Study.....	2
1.4 Research Questions.....	3
1.5 Objectives of the Study.....	3
1.6 Conceptual Framework.....	3
1.7 Definition of Terms.....	6
1.8 Significance of the Study.....	7
2. LITERATURE REVIEW.....	8
2.1 Needs Assessment.....	9
2.1.1 Needs Assessment & Program Evaluation.....	9
2.1.2 Participatory Program Evaluation.....	9
2.2 Transformative Learning.....	11
2.3 Participatory Methodologies for Data Collection.....	12
2.3.1 In-Depth Interviews.....	13
2.3.2 Focus Groups.....	13
2.3.3 Story-Dialogue Method.....	14
3. METHODOLOGY.....	16
3.1 Site.....	16
3.2 Participants.....	17
3.3 Methodology.....	18
3.3.1 Interviews.....	18
3.3.2 Story-Dialogue.....	20
3.3.3 Journaling.....	23
3.3.4 Focus Group Debriefing.....	23
3.3.5 Follow-Up Interview.....	24
3.4 Data.....	24
Analysis.....	
3.5 Trustworthiness.....	24
3.5.1 Methods of Increasing Trustworthiness.....	25
3.5.2 Language Issues.....	26
3.5.3 Personal Biography.....	27
3.6 Ethical Considerations.....	28

4. FINDINGS	29
4.1 The Current Practice Experience of the Trainers	29
4.1.1 Challenges	30
Bridging the Gap	30
Working with the Local Community	32
Working with Colleague and Students	34
A Lack of Support	36
4.1.2 Successes	39
Working with the Community	39
Working as a Team	42
4.2 Using Practice Experience to Help Identify Professional Development Needs	43
4.2.1 Content of Professional Development	43
Planning	43
Formalizing Critical Reflection	44
Recognizing our Assets and Limitations	44
Addressing Organizational Issues	45
Specific Courses	47
4.2.2 Methods for Addressing Professional Development Needs	47
Relationship Building	47
Distance Education and Participatory Methods	51
Formalizing Access to Continuing Education	51
4.3 The Usefulness of the Story-Dialogue Method	51
4.3.1 Advantages of Story-Dialogue	52
Personal and Organizational Change Possible	52
Inclusiveness	52
4.3.2 Challenges in Using Story-Dialogue	53
Risk of Disclosure	53
Need to Formalize Follow-Up	54
Suitability for Various Communities	55
5. DISCUSSION	57
5.1 The Current Practice Experience of the Trainers	57
5.1.1 Change	58
5.1.2 Putting Theory into Practice	60
5.2 Identifying Professional Development Needs	61
5.2.1 Planning	61
5.2.2 Formalizing Critical Reflection	62
5.2.3 Organizational Issues	63
5.2.4 Mentorship	65
5.3 The Usefulness of the Story-Dialogue Method	65
5.4 Personal Reflections	68
5.4.1 Personal Experiences	68
5.4.2 Research Experiences	69
5.5 Limitations and Delimitations	71

5.6 Recommendations.....	72
5.6.1 Recommendations for Practice.....	72
5.6.2 Recommendations for Future Research.....	73
5.7 Conclusions.....	74
5.8 Epilogue.....	76
REFERENCES.....	77
APPENDICES.....	82
LIST OF FIGURES	
Figure 3.1 Framework for Approach to Methods and Analysis.....	19
Figure 3.2 Basic Model of the Story-Dialogue Method.....	22

Chapter 1

Introduction

1.1 Background

The Training for Health Renewal Program (THRP) is a multi-year CIDA-funded partnership between the Health Science Faculties at the University of Saskatchewan and the Ministry of Health of Mozambique. The program's aim is to strengthen the capacity of training institutions to prepare health workers to work more effectively with the communities they serve and with each other. *Participatory Teaching, Learning and Research: Core Facilitator Training* was a curriculum offered to participant Trainers in THRP between August 1999 and November 2000, at the University of Saskatchewan. The participants were seven Mozambican health care workers who have since returned to Mozambique. They returned to work as “core facilitators [currently referred to as Trainers] of improved community health practice” at the Massinga Centre for Continuing Education in Health in Massinga, Mozambique.

The course at the University of Saskatchewan involved eight sessions, each approximately two months in length. Themes explored during the course of these eight sessions included: English language; computer applications; personal capacity development; health and development; community health practice; teaching methodologies; research, planning and evaluation; and a research project. Problem-based learning was used to help participants identify topics relevant to each theme and both group and individual outcomes were assessed.

The course outline describes a desire to take a transformative approach to adult and continuing education.

1.2 Problem Statement

At the heart of transformative learning lies the concept of critical reflection.¹ There is an intent that the learner, once removed from the formal learning context, continues to apply the principle of critical reflection in order that professional development and continuing education become ongoing, i.e., that one engages in reflective practice. Since their return to Mozambique, the Trainers have been involved in trying to integrate what they have learned into their practice. There can be no doubt that the Trainers have encountered both challenges and successes while immersing themselves in their fieldwork. It is important that the Trainers engage in ongoing critical reflection as a means of making sense of their practice experience.

1.3 Purpose of the Study

The purpose of this study was to conduct an assessment of the Trainers' professional development needs in Massinga, Mozambique, which will contribute to the overall evaluation of the Training for Health Renewal Program. This study involved having the Trainers examine their current experiences in the field and how challenges and successes in their current practice may contribute to decisions about on-going professional development. The study had the Trainers use the Story-Dialogue method as a reflective practice tool and I examined the usefulness of the Story-Dialogue method as a tool for critical reflection with an aim to assessing professional development needs.

1.4 Research Questions

- ❑ What is the current practice experience of the Trainers?
- ❑ How can that experience help us identify professional development needs?
- ❑ What is the usefulness of the Story-Dialogue method as a tool for assessing professional development needs through critical reflection?

1.5 Objectives of the Study

The objectives of this study are:

- ❑ To understand the Trainers' ongoing professional development needs by exploring their current work experiences;
- ❑ To facilitate the Trainers' critical reflection;
- ❑ To examine the usefulness of the Story-Dialogue method as a tool for assessing professional development needs through critical reflection.

The process of needs assessment is embedded in the much larger endeavor known as program evaluation. It is therefore important to situate needs assessment in that larger context and clarify that, while contributing to the THRP program evaluation, this is qualitative research with a focus on prospective needs assessment.

1.6 Conceptual Framework

I have approached this research project from a particular expression of the constructivist paradigm. One that holds that each individual constructs his or her own reality and that learning involves “construing meaning and transforming understanding”²

within this reality. It is an appropriate paradigm as it is the basis of transformative learning theory while also informing participatory models of qualitative inquiry.¹⁻⁶

The word “participatory” has many and sometimes varied meanings. A project is made up of many components from design to implementation and at each stage, questions arise as to who is participating and how much. Therefore, I approached the concept of participation on a continuum whereby I examined each step in the research process to get an overall picture of where my project lies. I used the “Guidelines and Categories for Classifying Participatory Research Projects in Health Promotion”⁷ developed by Green et al. to appraise my project. The results demonstrated that, on the whole, my project lies in the moderately to highly participatory arena. I acknowledge, however, that in the area of research design, my project ranges from minimally to moderately participatory because, as I describe more fully in Chapter 3, of logistic limitations to having more involvement from the participants.

In addition to being participatory, I wanted this project to be both useful and transformative and so I have grounded the assessment in two complementary streams of participatory evaluation: practical and transformative. First, Cousins and Whitmore have described the principal function of practical participatory evaluation (P-PE) as “fostering evaluation use.”⁸ Similar to Patton’s utilization-focused evaluation,⁹ P-PE holds that involvement of stakeholders in evaluation planning and implementation tends to promote use of evaluation findings. P-PE is practical because, by involving participants in the use of data, it fosters problem-solving and decision-making.

The second evaluation stream on which I have drawn is transformative participatory evaluation (T-PE), which has its roots in the “principles of emancipation and social

justice.”⁸ It seeks to empower people using participatory techniques that validate local knowledge and allow collective input into all parts of the research process. T-PE also seeks to empower through education or training that leads to action.¹⁰ Furthermore, T-PE encourages critical reflection by participants and, therefore, provides an explicit link to transformative learning.⁸

There is natural tension between P-PE and T-PE, which is similar to the tension between utilization-focused evaluation and the very broad category of empowerment evaluation. P-PE identifies decision-makers as the main stakeholders and encourages researchers to share control with them. T-PE considers all legitimately involved groups as stakeholders but tends to place control squarely in the hands of the program participants, rather than those who usually have control and power.⁸ Pursley found that it is possible to foster both utilization and empowerment in participatory evaluation, provided that the program being evaluated is driven by empowerment objectives.¹¹ One could infer that it may also be possible to foster both practicality and transformation in an evaluation, provided that the program being evaluated is based in transformative learning theory.

I would argue that in completing a needs assessment with a program whose values are inherently transformative, i.e., the program is guided by the same principles that have informed their training methods, it may be possible to find that middle ground that incorporates the aims of both P-PE and T-PE. By involving appropriate stakeholders, i.e. the Trainers and the management team of THRP, at appropriate times, I hope to have completed an assessment that is both practical, in its usefulness to the THRP staff, and transformative, in its design and usefulness to the THRP participants.

1.7 Definition of Terms

There are a few terms that require clarification. The participants in the study will be referred to as Trainers. Throughout the findings, you may note use of CF, Core Facilitator, Trainer and Formadores. While participating in the curriculum offered by the THRP, the Trainers were referred to as CFs or Core Facilitators; upon graduation, they became Formadores (Portuguese). “Formadores” is equivalent to “Trainers” in English.

There are many communities referred to throughout this thesis. I have tried to distinguish among these communities through use of descriptors. For example, the community of Trainers and staff at the Massinga Centre is referred to as the “community of the Massinga Centre”, communities that the Trainers worked with in rural Mozambique are called “local communities”, and colleagues or other health care workers working in hospitals are referred to as “health care communities”.

There is some ambiguity in the findings related to terms such as “bureaucrat”, “supervisor”, and “administrator”. In general, all of the Trainers used the terms “bureaucrat” and “bureaucracy” when describing the larger system of the Ministry of Health and referring to the un-named decision-makers not directly involved in the THRP or the Massinga Centre. For the Trainers working outside the Massinga Centre, “bureaucrats” also indicated decision-makers not directly supervising or directly involved in the running of the department or training institution where they worked. Use of the word “supervisor” generally indicated those people directly above the Trainers, i.e., direct supervisors. These tended to be people they could access quite easily because they were involved in the THRP, Massinga Centre, or an appropriate department or training institution.

1.8 Significance of the Study

The results of this study will:

- ❑ contribute to THRP planning and to the overall THRP program evaluation;
- ❑ provide the Trainers with a structured experience of the process of critical reflection;
- ❑ provide the Trainers with a tool for on-going critical analysis of their practice;
- ❑ provide information to the curriculum developers and course facilitators as they look to the training of additional Trainers;
- ❑ contribute to the literature on the use of Story-Dialogue in a new context.

Chapter 2

Literature Review

My thesis research was guided by literature in the areas of needs assessment, transformative learning, and participatory methodologies. In this chapter, I examine how needs assessment fits into the context of program evaluation and, more specifically, into two forms of participatory evaluation: transformative (T-PE) and practical (P-PE). I then explore the area of transformative learning theory, particularly its objectives and general processes. Such an explanation is necessary as I need to argue that it is possible to support and extend the general objectives of transformative learning through my methodological choices. Finally, I describe and explain participatory methodologies suitable for data collection and justify the use of Story-Dialogue as my primary method.

For my literature review, an internet-based search was performed using ERIC, CBCA, PsychLit, CINAHL, Sociological Abstracts, and Medline. Additional studies of interest were identified from the references of both the articles and the texts I consulted. I conferred with the Canadian members of the THRP management team to ensure that the scope of my proposal fit within the framework of THRP's overall program evaluation.

2.1 Needs Assessment

Witkin and Altschuld have defined needs assessment as “a systematic set of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvement and allocation of resources.”¹² In the specific context of assessing professional development needs, needs assessment often takes the form of surveys, questionnaires, and telephone interviews.¹³⁻¹⁵ No literature could be found on the use of narrative analysis or story telling in the assessment of professional development needs.

2.1.1 Needs Assessment and Program Evaluation

In the context of social program evaluation, needs assessment has been defined as answering “questions about the social conditions a program is intended to address and the need for the program.”¹⁶ In the context of a training program, we can describe needs assessment as answering questions about the professional development or training needs a program is intended to address and the need for further training. Needs assessment can be considered one of the central questions of program evaluation. In order to fully understand needs assessment, then, we must examine the broader notion of program evaluation. For the purposes of this thesis, the discussion is limited to the field of participatory program evaluation.

2.1.2 Participatory Program Evaluation

Many organizations and individuals have defined the principles and characteristics of participatory evaluation.^{7, 17, 18} I have chosen to use the principles and characteristics as defined by the Office of Evaluation and Strategic Planning (OESP) of the United Nations Development Programme. According to OESP, the key characteristics of

participatory evaluation are that it draws on local resources and capacities; recognizes the innate knowledge and wisdom of end-users; demonstrates that end-users are creative and knowledgeable about their environment; ensures that stakeholders are part of the decision-making process; and uses facilitators who act as catalysts and who assist stakeholders in asking key questions.¹⁹ Further, Greene asserts that an important distinguishing feature of participatory evaluation is that the “essential rationales for evaluation are, first, the advocacy of ideals and values and, second, the answering of certain program questions.”¹⁷ Therefore, I chose methodologies that were designed to support the ongoing objectives of THRP, which are grounded in the values of transformative learning.

Along a spectrum we call participatory evaluation we find both practical and transformative evaluation. Practical program evaluation (P-PE) is very similar to Patton’s conception of utilization-focused evaluation. Patton elaborated utilization-focused evaluation in response to the concern about a widening gap between “generating evaluation findings and actually using those findings for program decision-making and improvement.”⁹ In order to encourage the use of research results, P-PE encourages the involvement of program managers, developers, and implementers both as participants and as decision-makers in evaluation planning.^{8,20} It was therefore my intent to involve the Canadian program planners from THRP in my research design. The Canadian program planners had input in the design through participation on my thesis committee.

Echoing some of the fundamental characteristics of participatory evaluation as outlined by the OESP, transformative program evaluation (T-PE) is founded on three key concepts: the validity of local and popular knowledge; the need for a genuine

dialogue and interaction among all involved in the research process; and the process of critical reflection.⁸ T-PE differs from the broader area of empowerment evaluation in its engagement of all legitimate groups, including a wide array of decision-makers.⁸ Still, T-PE encompasses an empowerment philosophy in which “evaluation processes and products are used to transform power relations and to promote social action and change.”⁸ Brunner and Guzman provide a useful description of T-PE as an “educational process through which social groups produce action-oriented knowledge about their reality, clarify and articulate their norms and values, and reach consensus about further action.”²¹ This is essentially what I facilitated: the Trainers (a social group) analyzing their current practice (action-oriented knowledge about their reality) in order to determine their professional development needs (further action).

In order to raise the level of participation of the Trainers in the planning and design process (and, thereby, adhere more closely to the tenets of P-PE) I had the Canadian THRP coordinators relay information between myself and the Trainers prior to my departure for Mozambique. This allowed for some inclusion of the Trainers ideas in decision-making during the planning and design phases of the research despite the physical distance between Canada and Mozambique.

2.2 Transformative Learning

The THRP has focused on transformative learning as the basis for the CF training curriculum. Transformative learning, Mezirow contends, should be the goal of adult education and should focus on emancipatory knowledge, which is knowledge “gained through critical self-reflection.”^{2, 22} Transformative learning endeavours to free the

individual from “the chains of bias through the process...of becoming critically aware of how and why our assumptions have come to constrain the way we perceive, understand, and feel about our world.”³ Mezirow named this process “perspective transformation”.^{3, 23, 24}

The objective of transformative learning can be broadly described as effecting a change in both meaning schemes and meaning perspectives. Meaning schemes are the specific knowledge, beliefs, values, judgments, or feelings involved in making an interpretation.³ They are transformed through critical reflection on the description of a problem (referred to as content) and our method of problem solving (referred to as process). Meaning perspectives are the rule systems that “govern our perception and cognition...the habitual expectation that dictates how we perceive, comprehend and remember.”³ Transformation is achieved through reflection on the premise upon which the problem is based. It involves an analysis of why, and even if, the problem is worth exploring in the first place. This process of critical reflection on content, process, and premise is built into the applied methodology of Story-Dialogue and, therefore, makes it an ideal tool for use in a program like THRP that encourages such a process.

2.3 Participatory Methodologies for Data Collection

There are many tools and methods that can be applied in a participatory way. The methods of data collection that are normally considered amenable to a participatory model are: in-depth interviews, focus groups, group mapping, narrative analysis, case studies, creative expression, and story-telling.²⁵ For the purpose of this research project, I examine interviews, focus groups, and the Story-Dialogue method.

2.3.1 In-Depth Interviews

Interviewing is one of the most commonly used methods of qualitative inquiry.^{26, 27} Bernard divides interview styles into four major types: informal, unstructured, semi-structured, and structured. Semi-structured interviewing is recommended in a situation where the researcher has only one chance at interviewing the participants.²⁶ A semi-structured format was therefore ideal as my research took place overseas over a ten week period and I had only one chance to interview my participants.

Interviews have been used as a needs assessment method in the context of professional development.^{14, 28} One advantage of interviewing is that the method allows for building rapport in a safe and confidential environment. Crandall argues that interviewing gives the researcher the ability to “solicit in-depth information that leads to deeper understanding, garner support for programs, get an ‘inside’ view, and expand on viewpoints or clarify information received from other sources.”¹⁴ Disadvantages of interviewing include: the time and effort required, the lack of anonymity, and the challenge of analyzing a large amount of descriptive data.^{12, 14} Because of my small sample size, most of these disadvantages were moderated.

2.3.2 Focus Groups

A focus group is essentially a group of anywhere from six to twelve people who come together to talk about a particular topic. A moderator facilitates the discussion using an interview guide as a means of ensuring topics of interest are covered. Focus groups derived from work done by Lazarsfeld and Merton in the 1940s and flourished in the area of consumer-based market research.^{26, 29, 30} Since the 1970s, social science

researchers have adopted the technique and have used it in conjunction with both qualitative and quantitative methods.

More recently, focus groups have been used in assessments of professional development needs. Benefits of a focus group approach include providing “valuable insights into perceptions, feelings, and attitudes, which is vital for understanding wants, needs, motivations, barriers, and other psychological factors.”²⁹ As well, focus groups tend to be collaborative, relatively relaxed, and spontaneous due to the group dynamic. Such spontaneity can lead to challenges, as the researcher tends to have less control over the situation.^{27, 29} One particular challenge for the moderator is to be involved enough that the discussion is productive, while not leading or directing the discussion to the point that validity is compromised.^{26, 27, 31} This was a particular challenge in this study as the participants were engaged in a discussion in a second language, which required more intervention on my part to ensure everyone understood what was being said and that a speaker’s intended meaning wasn’t being distorted through translation.

2.3.3 Story-Dialogue Method

Joan Feather and Ron Labonte developed the Story-Dialogue method, described as a structured dialogue approach to story telling, as a means of formalizing the use of narrative analysis.³² Story-Dialogue has been used for professional development, problem solving and planning with community development groups, for example. It also has a use in knowledge development, as a method for developing theory grounded in practice experience, and in program evaluation. Labonte and Feather have encouraged the use of Story-Dialogue in “health promotion settings of all kinds - in the community, in clinics and health centres and hospitals, in government and non-

government agencies and organizations concerned with improving health or the underlying conditions affecting health.”³³ The method is based on the assumption that story telling is currently used by health care practitioners and promoters in an informal way as a means for problem-solving, critical reflection, and skill development. Labonte and Feather argue that story telling can only become a truly effective learning device when we focus on the “way the story is constructed, and the way it is examined to reveal its helpful lessons.”³³

The use of story telling can be particularly relevant in an international context as it offers a means of respecting oral cultures; it is a means of accessing the wealth of knowledge present in local experience; and it is a tangible means of empowerment for many disenfranchised people. Paulo Freire acknowledged that “people, by naming the world, transform it [and so] dialogue imposes itself as the way by which they achieve significance as human beings.”³⁴ So dialogue becomes an extremely powerful and exciting tool when trying to engage participation in an empowering manner. It was therefore a highly appropriate method to use in this study where I was working within an oral culture and wanted to encourage participation in an empowering way.

Chapter 3

Methodology

Approaching my methodological choices from a constructivist perspective, I incorporated principles of P-PE and T-PE in order to support the program objectives of the THRP. Methods I used included: one-on-one interviews, the Story-Dialogue method, a focus group, and researcher journaling.

3.1 Site

The site for this research project was the Ministry of Health Massinga Center for Continuing Education in Health at Massinga, Mozambique. The Massinga Centre is a small walled compound consisting of offices, classrooms, and living quarters with a communal kitchen and bathrooms. The Trainers live in houses located next door to the Centre. Across the street is the district hospital and the hospital's physician lives in a house right next to those of the Trainers. The Centre has two primary priorities: continuing education of health workers using a "training of trainers" methodology and community participation. It is their intent to link the two so that both the pedagogy and methodology of their training programs are informed by the reality of those the health workers will be working with.

Prior to arriving at the Massinga Centre, I had two weeks of Portuguese language training in the nearby seaside town of Inhambane. I then lived on site at the Massinga Centre and with the Trainers from mid-January 2002 until the end of March 2002. I had

a window of approximately 8-10 weeks within which I was be able to collect my data. This time frame was constrained because the Trainers were working full-time during this period. Because of this, I arranged interviews when each Trainer had time to participate and then conducted a two-day workshop with the Story-Dialogue method near the end of my stay. Approximately a week after the workshop, I had an afternoon where I conducted the focus group debriefing.

3.2 Participants

Originally, seven Mozambican participants graduated from the CF Training Program in late 2000 in Saskatoon. Prior to participating in the CF Training Program, all were health professionals trained within the Mozambican health care system in various disciplines and at various levels. On return to Mozambique, two were assigned to other areas within the Ministry of Health - one as the THRP representative in the Ministry itself and one as the director of a training institution in another province. A third appealed her placement in Massinga on grounds of family unity and was transferred back to her/his home province. For the first year of operation, the Massinga Centre was staffed by the other four Trainers. Midway through my research, the provincial health department reassigned one of these four Trainers elsewhere because his/her skills did not match those needed at the Centre. He/she did not participate in the Story-Dialogue session or the focus group. I had anticipated that the availability of the participants would fluctuate due to intervening circumstances. The numbers of participants therefore varies in each of my different data collection methods.

3.3 Methodology

I have developed a framework that describes, visually, how I approached the research methods and analysis from a constructivist perspective (Figure 3.1). The methods used in this study included one-on-one interviews, the Story-Dialogue method, journaling, and a focus group debriefing.

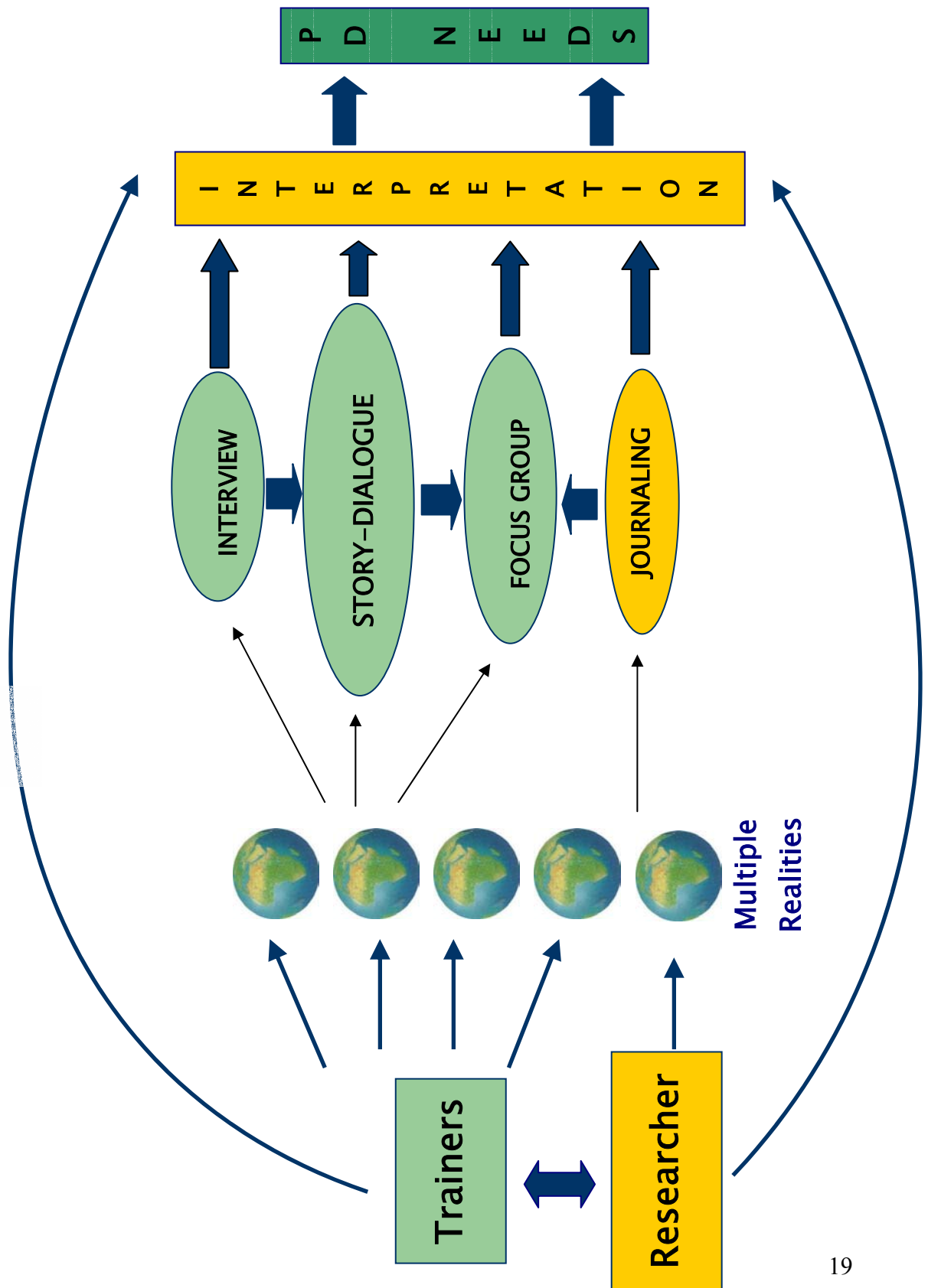
3.3.1 Interviews

In anticipation of my Story-Dialogue session, which requires that stories be prepared around a generative^{*} theme, I began by performing semi-structured, in-depth interviews with six of the seven original Trainers (Appendix A). The main purpose of the interviews was to create a selection of generative themes from which the group could then choose. I focused on the Trainers' thoughts about their current work experience, including the challenges and successes. The other purpose was to provide THRP with a report on the participant's impressions of the Core Facilitator Curriculum. Therefore, I included questions on the usefulness of both content and methodology in the course they had undertaken.

In order to address language issues, I provided each of the participants with a Portuguese version of the interview guide prior to the interview (Appendix B). The interviews ranged in length from one to two hours and involved me asking the questions in both English and Portuguese. The participants then responded initially using whatever language in which they felt they could best express themselves. If required, they were then asked to translate the response into English.

^{*} A generative theme is simply an issue that creates conversation, something that matters to the participants. Please see section 3.3.2 Story-Dialogue for a complete description.

Figure 3.1 Framework for Approach to Methods and Analysis in Identifying Professional Development Needs



I transcribed each interview and coded the data to facilitate the discovery of themes. At this time I also removed all identifying information from useful quotations related to the curriculum and compiled a preliminary report for THRP. While the main purpose of conducting one-on-one interviews was to yield generative themes for the Story-Dialogue session, the information obtained was also used later as data for analysis.

3.3.2 Story-Dialogue

My primary data-collection method was the Story-Dialogue method. My first task was to translate all the instructions for the Story-Dialogue session (Appendix C) into Portuguese (Appendix D) to avoid miscommunication from the outset. The Story-Dialogue session took place in early March. Trainers working off-site were invited to participate in this session as well as the follow-up focus group. One of the original interviewees was transferred prior to this time and I was aware that he/she would not be available for the Story-Dialogue session. Because I was aware that two other Trainers who worked off-site may not be able to participate, I invited two other visiting Canadian graduate students to participate in the Story-Dialogue session to act in the roles of recorders and questioners without sharing a story themselves.[†] Having the other Canadian students present proved extremely helpful because language was an issue. This allowed the Trainers to focus on the stories instead of having to worry about taking notes for use in developing insight cards.

The first step in applying the method involved choosing a generative theme. Selection of a theme can occur in a variety of ways and, as described above, I performed an initial analysis of the in-depth interviews with the Trainers in order to create a

[†] The other Canadian students were fellow graduate students in Community Health and Epidemiology. They were conducting their own research in Massinga as part of a special topics class.

selection of themes from which the group could choose. The themes were:

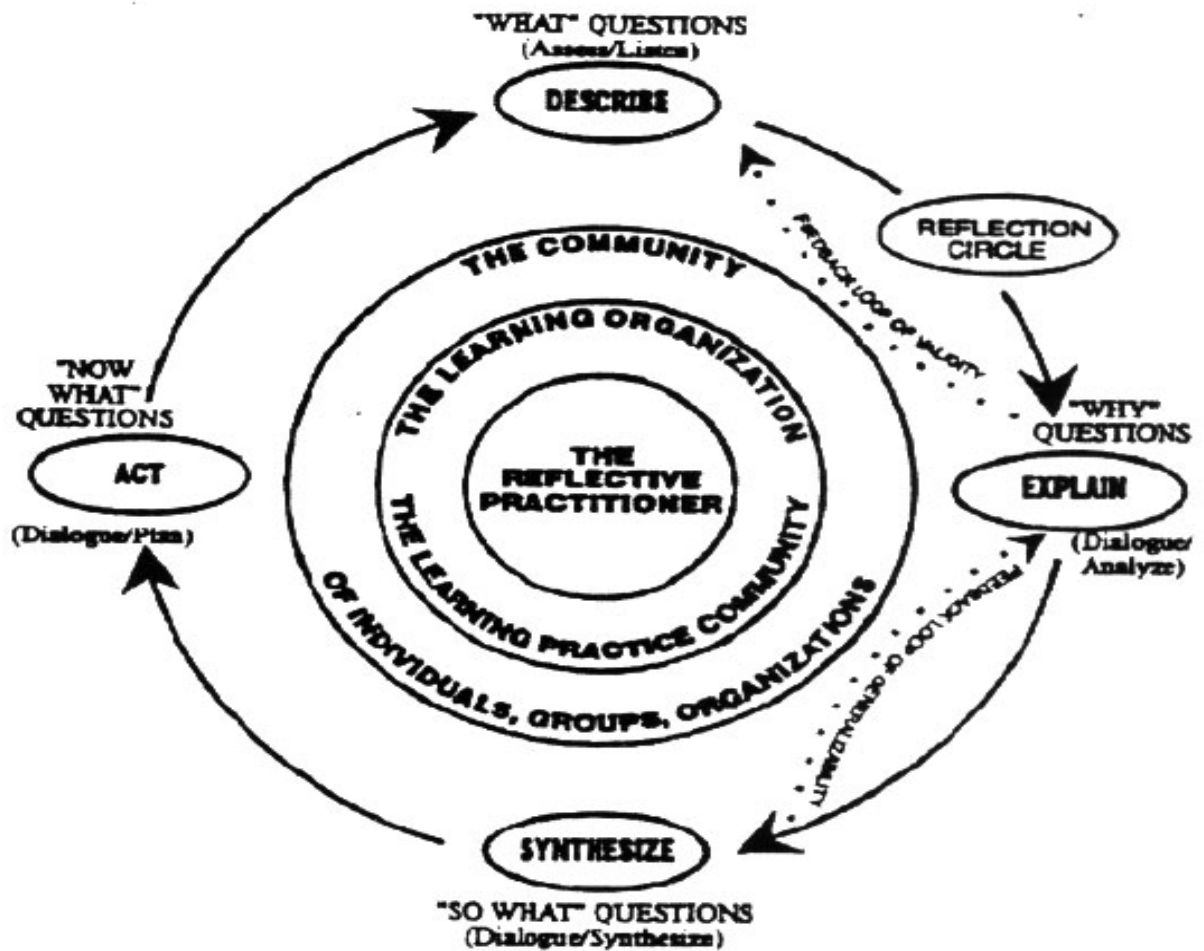
“Participation and Working with Community”; “Lack of Resources”; “Gaps between the Realities of Theory and Practice and/or of Canada and Mozambique”; and “Lack of Support for New Ideas and Methods from Supervisors, Colleagues and Communities”.

On the first day of the Story-Dialogue session, we reviewed the methodology and chose the generative theme “Participation and Working with the Community”. Only one of the two off-site Trainers could attend; the Story-Dialogue group therefore included the four Trainers plus the two Canadian students.

After choosing the theme, we carefully reviewed how to write and tell the story and I provided the participants with time to reflect and write. The following day we met for the Story-Dialogue session. Unfortunately, one of the Trainers had fallen gravely ill with malaria and was unable to participate. After some initial delay, the session went ahead with three participant story-tellers, the two visiting Canadian graduate students and myself.

After each story was told, the group participated in a reflection circle. Each person had an opportunity to speak, should they wish, and to reflect upon how the story told was relevant to them. It was an opportunity to ground the story in the practice experience of the participants and provided a bridge between the story telling and the structured dialogue. Structured dialogue involves four categories of questions: what, why, so what, and now what (Figure 3.2). These categories are designed to: ensure a detailed description of what actually happened; offer one or more explanations for why it happened; synthesize key lessons; and plan new actions. The category of “what” questions corresponds to Mezirow’s meaning schemes, while the “why” questions are the equivalent of meaning perspectives.³

Figure 3.2 Basic Model of the Story-Dialogue Method³²



After the story telling and the dialogue, the group worked to create insight cards based on notes taken during the session. Insights could be lessons, tips, or questions. It was only critical that insights represent “something that is important in practice, and that it is worth sharing with other people beyond the group.”³³

Normally, the Story-Dialogue group would move next to arranging the insights into categories and then using the categories to create theory notes. However, within the time-frame available, we were only able to get to the point of creating insight cards for each of the three stories told. The group consented orally to having me arrange the

insights into categories and then present the categories to each of them individually for review. As a group, we discussed the benefits of moving through the entire process. Data generated during this session included the insights and a tape-recording of the session. The insights were used as data for analysis. I did not transcribe the tape-recording of the session, but it was available to put the insights back into context.

3.3.3 Journaling

I recorded my observations throughout my stay in Massinga. I then clustered my individual observations into categories of issues, as I perceived them. During a focus group debriefing that was held after the Story-Dialogue session, I invited the Trainers to participate in a dialogue about these issues. This process allowed me to clarify what I observed, given the possibility of misinterpretation based on language and cultural barriers.

3.3.4 Focus Group Debriefing

I offered a focus group debriefing a week after the Story-Dialogue session. As the moderator, I loosely followed a guide (Appendix E), which included questions related to professional development, the process of the Story-Dialogue method, and issues revealed through the interviews.

The session was tape-recorded and lasted approximately two hours. All three Mozambican Story-Dialogue participants were able to participate in the session. The focus group offered me an opportunity to clarify my own observations that I had recorded in my journal. It also gave me a chance to open discussions about issues we hadn't fully explored and to receive feedback about the research methods, specifically the Story-Dialogue method.

3.3.5 Follow-Up Interview

I set up a follow-up interview with the participant who was unable to participate in the Story-Dialogue session and the focus group. I used the focus-group guide to structure the interview. It was tape-recorded and transcribed.

3.4 Data Analysis

I used a hands-on approach to coding and categorizing the data. Sources of data included: journaling notes, interview transcripts (n=6) and notes, insights arising from the Story-Dialogue sessions (n=3), and focus group transcripts (n=3). The stories used during the Story-Dialogue session were not appropriate sources of data for my analysis because the purpose of the session was to have the Trainers perform their own analysis. The results of the Trainers' analysis, i.e., the insights, are included as data.

Interview data were initially analyzed immediately following transcription and prior to the Story-Dialogue session so that the data could be used in developing the generative themes. These transcripts were analyzed again following the completion of data collection, along with the focus group transcripts, the follow-up interview and the insights from the Story-Dialogue session. I followed a modified grounded-theory approach that allowed me to use my research questions to form the initial framework for analysis. Then, using open and axial coding, I allowed themes to emerge from the text during in-depth analysis.

3.5 Trustworthiness

Trustworthiness is a methodological goal of qualitative inquiry. The criteria that generally define trustworthiness of the data are: credibility, applicability, consistency,

and neutrality.³⁵ Credibility is the equivalent of quantitative research's internal validity and refers to the ability of the researcher to clearly report the multiple realities of the participants. Applicability is qualitative inquiry's answer to external validity. It involves determining whether the findings can be applied with other groups or in other contexts. Consistency emphasizes whether or not the results of the endeavour would be consistent if the same methods were applied by another researcher to the same group. Neutrality refers to the attempt of the researcher to limit bias in their methods and findings.

3.5.1 Methods of Increasing Trustworthiness

As a first step to ensuring trustworthiness, I audio-recorded all my sessions with the Trainers. I also kept field and interview notes and employed an iterative process through which the Trainers reviewed my interpretations to ensure that I captured their intended meaning. This iterative process was particularly emphasized with the focus group review of my journal themes.

Triangulation, or use of multiple research methods, has been acknowledged as a means of enhancing trustworthiness.^{36, 37} Rice and Ezzy have clarified that rather than allowing the researcher to choose which of multiple methods was better at uncovering the truth, triangulation provides a richer, more complex picture of what is being studied.³⁸ My use of interviews, Story-Dialogue, and a focus group was further bolstered by my own observations and journaling.

Qualitative research can be considered more trustworthy where there is prolonged engagement of the researcher with the participants with an opportunity for the researcher to build trusting and confidential relationships.³⁹ I had the possibility for prolonged

engagement with the Trainers, in both their work and informal settings. This contact allowed me to place data in a context and to build trust and rapport throughout my stay in Massinga. One method of verifying that this trust was established is to check data gathered through repeated contacts and evaluate the content to see what patterns emerge.³⁹ In my own evaluation, it is apparent that the earlier data I collected involved more expected and “safe” information; whereas data I collected later on involved more information that might be considered sensitive or difficult to discuss.

Finally, trustworthiness can be increased by careful monitoring of the researcher’s own biases and how those opinions are changing throughout the research process.⁴⁰ I used a reflective journal to evaluate and gauge my own views and biases.

3.5.2 Language Issues

Because English was a second language for my participants, it was imperative that I address language barriers and how these barriers could affect the trustworthiness of the data. The Trainers’ first language was Portuguese and, while they became quite fluent in English during their time in Canada, many of these language skills had not been used since their return to Mozambique. This may have affected not only their expression, but their comprehension of English as well. I was engaged in Portuguese language training in Mozambique for two weeks prior to my arrival at Massinga. While this training did not render me fluent, it did provide me with a limited knowledge of Portuguese. I am also fluent in written and spoken French, a skill that helped to make the transition to this related romance language much easier. Other methods of minimizing misunderstanding due to language included translating into Portuguese all the instructions for each session and all the questions for the interview. I also encouraged the Trainers to initially express

themselves in Portuguese and then translate what they said. This was particularly emphasized if they appeared to be having difficulty expressing themselves.

Despite all of these measures, language was a barrier. Specifically, issues of possible verb tense confusion made it difficult to determine time frames about which the Trainers were speaking and thick accents and unusual diction made transcription very difficult. In one instance I had to return to the participant and go over my recollection of the interview rather than a literal transcription because much of the tape was too difficult to understand. We spent time clarifying the data I had collected and filling in blanks where they existed.

3.5.3 Personal Biography

It must be recognized that the researcher in a study such as this is an instrument. It is therefore important for me to understand how my experiences, values, and views may impact this research.

I am a physical therapist from a middle-class background with a practice in community-based care in Saskatoon. As a community-based practitioner, I have become fairly politicized in my views of health determinants, which I believe to be primarily socio-environmental. I believe that it is a responsibility of health care professionals and practitioners to address socio-environmental factors by engaging with communities instead of working for them.

Based on my experiences in training in a North American post-secondary institution, I have strong views about the problems associated with current trends in health care education. I support THRP's objectives and methods and believe that they might be transferable to and valuable in the North American education context.

A background in English literature and philosophy has undeniably influenced my choice of approaches. Research that is qualitative and related to health is a good fit with all of my interests. I am also strongly attracted to narrative forms of research. This is my background and these are my apparent biases with which I approached the research.

3.6 Ethical Considerations

The University of Saskatchewan Advisory Committee on Ethics in Behavioral Science Research approved my research protocol. Consent to participate in each stage of the process was formally requested through consent forms translated into Portuguese by my language instructor, Manuel Amily (Appendices F and G). Care was taken to ensure confidentiality; I requested that the participants sign forms indicating they agree to the release of the data - audio and written - for my use only (Appendix H).

Chapter Four

Findings

This chapter is divided into three parts as defined by my original research questions. The first part is an exploration of the work experience of the Trainers and is divided into two broad areas of challenges and successes. Challenges included bridging several gaps related to having studied in Canada in order to practice in Mozambique, working with local communities, working with colleagues and students, and a lack of bureaucratic and logistic support. Successes included those found when working with local communities and working as a team. The second part looks at professional development needs with a focus on both content and methods of acquisition. Finally, the third part explores the usefulness of the Story-Dialogue method in this particular context with an exploration of both the successes and challenges.

4.1 The Current Practice Experience of the Trainers

At the time of my research, the practice experience of the Trainers included setting up the Massinga Centre, developing continuing education courses for health workers, developing the curriculum for the next group of Core Facilitators, and engaging one local community in a pilot project using empowerment and participatory methodologies to address health concerns. Current practice experience was a main focus of the preliminary part of the research process and continued to be explored throughout all

three sessions. An interesting dichotomy arose wherein an aspect of work that was raised by one of the Trainers as a challenge would also be referred to as a success, sometimes by the same Trainer.

4.1.1 Challenges

Challenges included bridging the gap between a training program in Canada and a job in Mozambique, working with the community, working with colleagues and students, and lack of support.

Bridging the Gap

There were three major gaps the Trainers struggled with: context, language, and putting theory into practice.

The Context Gap

The Trainers described the frustration of training in the developed context of Canada and then trying to implement what they had learned in Mozambique.

The context is different. You are living here in the underdevelopment country and you are studying in development country. The situation is different! You see? Even you, you can sometimes represent some situation that you have the experience in the underdevelopment country and the teacher has difficulty to imagine how it is you are speaking, you see?

[It's] hard to study in Canada because reality is so different and we sometimes forgot our own reality and got caught in the dream of Canada. Then to return and to try and implement these ideas...it's hard...

There was frustration expressed about the lack of resources available to them, particularly in the area of communication and media. The lack of resources was particularly evident after having studied in resource-rich Canada.

Sometimes you don't want to have the meeting, people can watch the television, can hear on radio, can see in newspaper. And here? No! When you go to community, it's not to speak about radio, it's not

available for every people, every family, it's not to talk newspaper - forget it. Television? It's to forget this idea. You see? Some people even speaking in Portuguese, cannot hear you! You see this?

While it was recognized that access to community development programs in Canada provided them with great insight, the gaps between what was possible in different contexts were foremost in their minds.

Because sometimes it's good to be trained in your, in my culture, I can see the difficulty that my country have. But if you compare Mozambique and Canada, these two countries are really different..., the Canadian Government they provide food for the poor people, here we don't. The government doesn't have money to do that, you know. They provide housing, here we don't have that, that money to provide house for the poor people. The program was well for the course, but didn't go to reach the needs, you know, yeah.

No resources. That is the difficulty. Also,...for me, the community attachment was important, ..., what you learn, what is important, what is useful...It can be important but not useful, for you can't implement it. I mean that could be important to learn, people do it that way, but how you can bring the experience, the experience bring back, how to bring back to implement it?...Because this kind of program... maybe 20 years or more we cannot have here. Cause the resource that we have, the kind of development that we have here is too hard.

The Language Gap

The Trainers identified the challenge of being in a situation where all they had learned was in a second language. In order to convey that information to people around them, they needed to translate it into Portuguese.

I...as I said we learned English but it's not enough English to make a translation of like one book, to make someone understand what I want to say sometimes. I can make a translation for my own understanding but for other person, would be difficult. And what was difficult was to think how I will translate all the information that I have learned in Canada for the Portuguese, for someone who don't know English to understand what I have learned. And that was a challenge, it was.

The Gap between Theory and Practice

It is not an unusual thing for new practitioners to struggle when trying to implement theory into practice. This struggle was amplified for the Trainers due to the context and language gaps already described.

There I was talking about community but never to have to go and do some meeting with community. But when I come here the first day was to go and talk to my ...meeting using local language. Was very hard for me, that I didn't study! What was studying how to recognize the knowledge, everything something like that, the health determinants, but in practice the reality is very different, you see.

Working with the Local Community

The Trainers found that working with the pilot community of Tevele presented a number of challenges. These included gaining the community's trust, dealing with resistance to change when trying to implement new ways of doing things, and building consensus within the community.

Gaining Trust

The Trainers realized very early on that the communities they wanted to work with had a history of unsuccessful interaction with an outside group wanting to “help”. This realization led the Trainers to understand that building trust was an extremely important challenge to overcome.

Many people go to these communities to make sometimes questionnaire, sometimes interview...but they never get information about the results. And we thought oh, that community, other people go there and now we go there, what they will think about us? But we gain courage and we say “we can try”, we will explain what we need to do, how we want to work with them. And we tried.

And when we start it wasn't easy to get in... One of the reasons is that the community they don't have trust of anybody that goes in and then they want to work with...because the first time, they trust the first group... They left the community in the middle, you know. And then it's not easy for them to trust somebody that come in and just want to get information and go away. That's the difficulty.

Resistance to Change

The community had a hard time adjusting to the methods and focus of the Trainers.

Because community members were used to a passive role, it was difficult for the Trainers to encourage participation.

To push the community to be organized and to work to get benefit by themselves...Like Tevele, or also like Matingane. And the community that we have was to get benefit before but now is time to change, to get the community to do their job and they can some benefit from their organization. Is the big challenge to get people ready to do something for themselves... Participation. This was the big challenge.

This challenge extended into having the community look at health in a new way with a focus on prevention rather than treatment as the only solution.

One of the challenge was at the beginning they accept was health post only. They didn't think about other issues, they were looking for the health centre to gain treatment only. But we have to explain how we could arrive there, where we can start to arrive at health post. Because not everything we need to do around treatment with medicine, but some of the way we can avoid some problem... Prevention, exactly. What we can do to prevent some disease that are more prevalent in that area.

Consensus Building

Part of having the community of Tevele identify their collective needs involved having the community reach consensus. Through the process of the Story-Dialogue session, the Trainers discussed this challenge and the need to recognize the complexity of the process so that naïve assumptions are avoided.

(IC) ‡ The process of having a community reach consensus about their needs is complicated because of the heterogeneity of the community and dynamics of power relationships within the community.

Despite the complexity, the group also affirmed the need for attempting to reach consensus by trying to provide a forum through which as many people as possible can be heard.

(IC) Be sure everyone has a voice in identifying the priorities of a community.

Working with Colleagues and Students

The Trainers also discussed the challenges inherent in trying to work in a new way with their colleagues, with bureaucrats, and with people they have been and will be training. These challenges included: a need for caution, resistance to change on the part of others, finding ways to link health workers with the local communities, and the logistics of implementing larger projects.

A Need for Caution

More than one of the Trainers described a feeling of caution when dealing with bureaucrats and administrators. This sense developed from being treated with suspicion, partly from being trained away from Mozambique, partly from having new and innovative ideas.

I want to be equal because I am equal - but people don't accept easily that because most of people, some tell that we are different because I am study in place that is different than here in Mozambique. Some people can tell...where I study this and this is different, people, when you tell that, people don't feel well, you see? Or else you make competition. ...It's to be careful when you want to conduct or to orient or to go give your suggestion, to contribute something, it's to be

‡ To distinguish data that is in the form of an insight card (IC) from other data, all insights will be preceded by (IC) and will be presented in a different font.

careful. Sometimes you can be the last person to open your mouth or sometimes people can ask me now you can have, you can feel free to talk...

This feeling of caution with colleagues extended to a feeling of caution when trying to introduce new ideas and methods with direct supervisors.

It is our responsibility to help the people understand new ways, but it's hard when you are doing this with someone who is above you...a supervisor.

Resistance to Change

In addition to dealing with the local community and the issue of new methodology, the Trainers experienced challenges when trying to introduce new methodologies in the training setting.

Also, in the training we had another challenge. The challenge is to get people ready for our methodology. Because our methodology we ask, we work with adult, is to ask the adult what you want to learn? What is your problem? And they can tell us and we can work with the adult to make the program. This is the big challenge to get what the adult need to learn.

As well, Trainers working in environments outside the Massinga Centre had encountered resistance to change in their staff and colleagues.

In those days they say "We never work like that!" I say "No! You never, but now you have to try, the new things!" Ahh, it's so difficult to make people understand... It's still a challenge, even that is still a challenge... Because not all people accept it.

Linking Health Workers with the Community

One of the challenges the Trainers identified was related to their role as liaisons. They hoped to develop a close working relationship with the hospital staff. This would help to ensure that the Trainers had a picture of the reality health care workers faced in

order to assist in bridging the distance between the hospital staff and the local community.

Also to work with the community and to have, to reduce, the distance between the health professional and the community, to bring together and it is not easy. Because even here we are working out of the hospital, we didn't join with the hospital yet. And we identify, already identified that. ...Working alone here, the centre, and hospital [if we don't go] there - never will touch their needs or know their problems. Also [they] will have difficulty...to recognize...that we can help them to reduce the distance between them with the community, [narrow the distance] ...between here, [and] the hospital. Is to work in hospital at the beginning, is to work at the hospital in order to create confidence as a colleague so that we can try to introduce some changes in our colleagues.

Logistics of Developing Larger Projects

The Trainers also identified the bureaucratic challenges of developing nationwide projects, such as establishing a system of distance education and accreditation for continuing education.

The last one is to have distance education, long distance education, is our ...mandate...here at the centre, it's a big challenge.

...Also to do the working the big problem is to this plan you can have with the professional is to improve them in their level to some level, to have benefit inside of the system...Yes, accreditation. That is it be called...No system, not yet, but we, what we looking for is that.

A Lack of Support

The Trainers identified specific areas where they felt a lack of support. They included both bureaucratic and logistic gaps.

Bureaucratic

Bureaucracy was seen as a challenge due to lack of infrastructure and an inability to access material resources. The Trainers also identified that the lack of official

recognition of the Massinga Centre by the Mozambican government through, for example, an official opening was resulting in many challenges.

While out of the control of the Trainers, the issues of access to material resources and the lack of infrastructure were repeatedly raised.

[It's] hard for all of the trainers because they lack resources and because they learnt a lot of new things that are difficult to implement without a lot of support.

One thing that I think now about...really create difficulty for my work was during the planning I just thought we could plan some activity and we can follow that activity. But because of financial resources sometimes we couldn't achieve our objectives. Like we plan any visit, we plan any activity but without money, we couldn't do nothing. And that was one thing that put my work back. Like for example we met with AMREF before we start to talk about malaria in Tevele to know what is their experience. But because of that difficulty we didn't go there and we lost that experience in that time that we hoped to do. That was some of difficult things, that make my work little bit difficult.

On the other hand, the Trainers did recognize the importance of the infrastructure that was in place.

One thing that made easy to do my work was to go to the community we had the transportation and for that was easy to go there and to come back. Another thing we had some of the resources that we needed to use during our sessions and our activities and that helped us to work with them.

As well, there was discussion about their responsibility to the communities despite the lack of control over certain resources.

(IC) Even if someone else is in control of the circumstances (time and resources), we are still ultimately responsible to the communities with which we work.

At the time I collected the data, the Massinga Centre had not yet been officially recognized by any level of government. This lack of an official opening created additional challenges.

We know that we are a new institution and that institution is without official opening. We didn't open our institution formally and many people they make so many questions. It's so difficult to explain to the people how we will work. Even if you tell someone today, tomorrow you have other person who will ask about it in community, even some people work at the government. Like our colleagues here who work at the hospital. They still ask, "But what you want to do there?"

...Without strategy from the minister, from the provincial level, or some plan, we can plan together, that is so difficult, we have little bit of difficulty to work openly, you see?...The two level, the coordination is so difficult, the minister level and the provincial level. But I went there and explain we are feeling sometime we are living in island... They brought us to here without an agreement with the provincial level...Was oral agreement without documentation and the provincial level said we can't have decide something from the oral agreement we need to have something written, documentation...Just to tell something, what you want to do, you expect them to say I think so, you agreed! But the reality is to document. And now I'm asking the minister to send to the provincial level some documentation that we are here (laughs)... [because] if the province recognizes officially, we will have more funding.

Logistics

The Trainers faced challenges due to where they ended up working and living.

Some of the Trainers identified the challenge of having to live and work in an unfamiliar place, while those who were working outside the Massinga Centre noted the challenge of trying to implement new ideas while being isolated from their THRP colleagues.

The Trainers described the frustration of studying away from home for so long, only to come back and start working away from their familiar cities and their families.

It's hard, but I was working out, out country [i.e. in rural areas]... [for more than 10 years]... After that I am working in city, Maputo city. And now I leave my family there and I'm alone here. Now I have my house, I have big trouble how to do everything for myself. It's hard to live in out country.

One of the big challenge that I had, on my own, when I get here, when I got here, I didn't have place to live. Then that was the big challenge, because I have my [spouse], I can't live with them. I have my children, I can't live with them. And then I found that was the big

challenge for me to be away, I was away for 18 months when I was in Canada. Then to be away from my family again, was so hard (emphasis).

Two of the Trainers that participated in the study did not work at the Massinga Centre, but had jobs in government offices and other training institutions. They described additional challenges of trying to implement changes in isolation from colleagues who understood their methods and new perspectives.

People make it hard. They try you...They know that you are going in good way, but they try to make a barrier.

I need to be more patient...with my work and with the people...To be more open in what I need, ...Like I expect of other people. To hear, I be able to listen to people, what they want, not only what I want.

It's very hard...people aren't ready for the kind of thinking and ways of doing that were introduced in Canada.

4.1.2 Successes

Successes included two broad categories of working with the community and working as a team.

Working with the Community

Despite the challenges described by the Trainers when working with the community, many successes were also described. These included: participation from a broad spectrum of the community, building trust and confidence, and acceptance of a new way to practice.

Participation from a Broad Spectrum of the Community

In spite of the acknowledged challenge of building consensus, the Trainers expressed a feeling of success related to the active participation of the members of the núcleo.[§]

People participate, come together, recognize our goals, our purpose, why we go there, what we are looking for... Community people...[including] community leaders, and some is single people from the community, young people, adult and elders.

The Trainers also saw success in the sustained participation of community members over time.

I think we are having success because when we go [to the community]the whole group that we have as our team to work with them, the Nucleo, they always they are there and we are trying to discuss about the issues with them and they try to show their interest. And that for me is a success, because if we do some work with group of people, lots of time they appear at first time, the next time maybe two or three and after that the people disappear. But what is happening with us until now they still working with us and they ask some work to do to show that they are interested to do something about their health. That for me is a big success.

Building Trust and Confidence

Again, while the Trainers described gaining trust as a challenge, they also identified moments of success in this same area. So while they felt the challenge of overcoming the community's past experience with outside groups, they could see a gradual acceptance based on their own different approach.

Well, what we did we go into community, we live with them, we try to hear the story and then we visit them and then we, we had overnights with the community. Cooking...and having fun and having some meetings and that was the way that we built the trust with them. To achieve, to achieve that, we find the contract, the contract. We learn

[§] The community of Tevele selected a representative group of their own community members to participate with the Trainers in monthly two-day sessions to learn from each other. This group is called the núcleo.

for expectation from them and then we give them our expectation and then we combine. And then that was the way that we, that is the way to have the...trust.

...At the beginning we went there and we didn't decide how we want to work, we ask them how they would like to work and we start to make our schedule. So they decide what time they'd be in that place to work together, how many times we can stay together, and we agreed on that information. That helped us to have success because if we go to the community and we decide we want to meet you for example at 7 o'clock nobody would be there. But because they chose the time, they are there on time, and that is one of the ways that we see successful community response.

Acceptance of a New Way to Practice

The Trainers saw both the challenge and success in trying to implement new methodologies. So, while the community struggled somewhat with unfamiliar approaches, over time the approaches became more familiar and understood, and therefore successful.

The success is people know, they start to understand that it is important to know what are [their] necessities, what [they] need in [their] job, it's not what [someone else] have to do. Yeah, so this success is that the people they start to accept. And also, I can see in my job that maybe they can do their plan, that they can put what they want.

I think, ok, I feel that the community now they understand that we not go there with something to give them, but what we need is to have them involved. Now they begin to understand, and they say now your work is very different because you don't bring something, you need to hear from us and you, what we need is to make a change inside the community...what we need is a real change...

And the first day, we discuss so much and the discussion end up with a deeper understanding. And the next day we continued to discuss and they say, "OK, we are understood". So we try but when we have other meetings again...they start to say, "oh you know we was really...how can say?" Perdido...we was lost. We said that we was lost because thought that to treat or to get away from disease, ...the [only] way was treatment...but now we start to understand that not just treatment is the better way. The better way is the prevention and the treatment is a

way to...to...treat, it's a way to treat. We leave treatment for the disease not before the disease.

Working as a Team

The Trainers also spoke about the success and support of working together as a team to achieve their goals. Specifically, they addressed the benefit of having studied together in Canada, the support of immediate supervisors, and working together to shape the reality of the Centre.

Having Studied Together in Canada

The Trainers discussed the strength of their team and how bonds were forged over 15 months of training in a foreign country.

I'm just saying that when the people are working in, in team it's good. Then I feel comfortable working with them... long time. And then we build the trust for long time [through studying together in Canada] and then that facilitated to do better the work that we're doing.

Support of Immediate Supervisors

The Trainers were nearly unanimous in naming the support of their immediate supervisors as an indispensable resource and as contributing to their success.

Trindade and Tanda help us to have our job a little bit easy.

Some of our bosses I can say, like Trindade and like Tanda, they helped us to make the work good.

The support of immediate supervisors was of particular benefit to those Trainers working outside the Centre.

My chief (makes it easier to do my job)...I don't know if it's because I'm close to [them] but if I ask for something... I know [they] can get it easily. [They] help to make easy the bureaucracy. Also they help to make new meetings happen even though they are unsure of what I wanting to do.

Working Together to Shape the Reality of the Centre

Finally, despite all the challenges surrounding establishing a new institution, the Trainers identified the benefits of developing a new program rather than modifying an existing one.

But we still have energy, yeah that we keep...cause when we arrived here, we arrived here without nothing and so that can take off some energy, but after a month we come together and we see that it's our reality-we can change this reality so to have something good. Nobody can come [from] outside to change and...that soon happened and people are really very strong to go to community to help with new...how can you say...new practice, new community practice. And...they have the energy to go to the community and work with the community.

4.2 Using Practice Experience to Help Identify Professional Development Needs

The Trainers explored professional development needs arising from their practice experience through the interviews, the Story-Dialogue session, and the focus group discussion. The results are divided broadly into two categories: what the Trainers need to learn (content) and how they would like to learn it (method).

4.2.1 Content of Professional Development

Content needs included learning more about planning, formalizing the process of critical reflection, recognizing their limitations, addressing organizational issues, and obtaining specific courses.

Planning

The Trainers identified individual needs related to obtaining more training in the area of planning.

Also I know...now I have difficulty in planning. When I find some books talking about planning, I need to read to know more about this kind of knowledge.

I think I need to learn more about planning, I need to learn more how I can get benefit in each opportunity that I can have about planning.

They also discussed the need for the team to engage in long-term planning. They felt a solid long-term plan would allow for key members of the team to be absent without affecting the operations of the Centre.

(IC) Need for long term detailed planning for continuity.

In conjunction with the need for a long-term plan, the Trainers also identified key characteristics of such a plan to ensure that their work is both effective and inclusive.

(IC) Need to have flexibility in long-term plan that can include other sectors.

(IC) Be careful - we can make our work difficult if we aren't open in our communication with others who are involved in our plans.

Formalizing Critical Reflection

During the Story-Dialogue session, the Trainers examined the difficulty of practicing critical reflection with no time set aside to do so. They also affirmed the importance and benefit of critical reflection.

(IC) Need to talk about doubts and frustrations in a formalized way.

Recognizing Our Assets and Limitations

The Trainers felt they needed to do a better job of knowing what assets they could offer communities that choose to work with them. Assets could include resources or skills and need not involve only the Trainers, but other sectors as appropriate.

(IC) Need to know what resources are available before approaching communities.

The Trainers also discussed the importance of developing a safe environment where they feel free to both recognize and acknowledge their limitations.

(IC) Need to know when to say, "I don't know".

(IC) We must be realistic about what we can do.

(IC) We have to be willing to recognize mistakes and to go back and start again.

Throughout our discussions leading up to the development of these insights, I observed that the Trainers expressed a deep sense of responsibility to the local communities with which they work.

Addressing Organizational Issues

Through the entire process of engagement and data collection, it became apparent that there were some organizational issues that were impeding the work of the Trainers. It took a long while before these issues were brought to the surface, but once they were, the discussion was candid. It was agreed that it was imperative to start addressing these issues as the ultimate effect was being felt by the local communities. The issues can be grouped into three categories: growing pains, perceived lack of trust resulting in lack of confidence, and the need to build confidence through practice.

Growing Pains

The Trainers expressed frustration over the growing pains associated with the changing responsibilities of different members of the THRP team. They recognized their own challenge in moving from being students to being trainers and the challenge of their teachers in moving from being trainers to being consultants.

...There seems to be a tension, a difficulty, in the changing roles here...in the shift of who is responsible for what.

As they perceived it, this difficulty was resulting in everyone doing everything together.

Because another thing we have is...when we have one, one thing to do, everybody move and focus there.

[Like young children playing soccer], instead of spreading out, they [all] move around the ball.

Perceived Lack of Trust Resulting in Lack of Confidence

The Trainers connected the previous issue with a sense that there was lack of trust in their abilities. This was mostly felt in the number of meetings being held by the team.

...Sometime people are getting frustrated because...everyday we need to have people around the table [because] if this didn't happen [how will they know] what [I'm] doing, but when [I] going to do the plan?

...The problem is trust, the trust that he competent, he can do this...

Need to Build Confidence Through Practice

The Trainers expressed a very strong desire to do more, to accomplish more, and to be given the chance to put theory into practice. They discussed a need to move beyond planning to doing, and maybe failing, in order that their skill sets develop.

...We stay here just talking, talking, talking. We want to do something! We are technicians! Practitioners! We can work, we can show what we do!

I think, maybe I need to have real work.

People want here short time to sit at table and long time to work.

The Trainers also reflected on a project related to sexually transmitted disease and HIV-AIDS that they did implement, on short notice, all on their own. It was one activity where they felt they did succeed, albeit not without some difficulty, and, as a result, their confidence grew.

We see...maybe we have the confidence, because we are able to do something...we try it and we did it!

Specific Courses

Beyond general skills and competencies, the Trainers also named specific courses or topics they would like to pursue. These included: pedagogy, curriculum development and planning, psychology, communication, and information technology.

4.2.2 Methods for Addressing Professional Development Needs

The Trainers identified a variety of methods for developing the competencies they discussed. Beyond individual informal learning and coursework, they elaborated on: relationship building, distance education and participatory methods, and formalizing access to professional development for themselves and future Trainers.

Relationship Building

There was extensive discussion about building relationships in a variety of forums. Relationship building was seen as a powerful tool in addressing many of the Trainers' professional development needs. The Trainers identified the following as groups they considered key in this area: intersectoral, bureaucratic, local communities, and colleagues.

Intersectoral Relationships

The Trainers focused a lot on the need to develop and formalize intersectoral links.

(IC) We need to partner with people and organizations that have experience working with existing resources (e.g. World Bank bore hole project).

(IC) If health involves determinants outside the health sector we need to have involvement by/with other sectors in achieving healthy communities.

(IC) We need to involve other sectors from the beginning.

Part of the discussion revolved around the challenge of building links with sectors that don't share the same values or methodologies. It was acknowledged that the Trainers need to be open to compromise in order to foster these relationships.

(IC) We need to share our plans with other sectors, to be willing to be part of their plan, instead of always being focused on our way of doing things.

There was also a focus on building and maintaining relationships with the traditional healing sector. This was seen as vital if the Trainers hoped to truly connect with local communities still employing traditional healing as a health care strategy.

(IC) We need to create a context for health workers and traditional medicine practitioners to exchange knowledge.

(IC) Health care workers must retain a link to traditional medicine.

Bureaucratic Relationships

The Trainers acknowledged that, despite the inherent challenges, working with bureaucracy is a reality that they must face. They saw this relationship as, ideally, being a mutually beneficial one.

(IC) We must involve the decision-makers in charge of resources in the reality of the health workers on the front line.

(IC) People with decision-making powers need to involve the people who are going to work directly with the communities in making programs and plans.

They also expressed a desire to see the concept of institutional support move beyond support in material form to include, for example, assistance in building a resource base of knowledge and forming intersectoral links.

(IC) Institutional support-in the form of resources such as knowledge and aid in forming formal intersectoral links-is necessary.

Relationships with Local Communities

The Story-Dialogue session brought to the forefront the relationship between the Trainers and the local communities. Discussion focused on how to enhance the relationship and foster understanding of the realities facing the communities they are and will be working with.

(IC) Need to find a way to really connect with communities i.e. can't stay in a house while the community sleeps in their huts...need to live in same way as community (home-stay).

(IC) If we stay with community in a genuine way will allow us to see the true reality (gender roles, cultural practices).

(IC) When working in communities, there needs to be a good understanding of the community's beliefs and traditions (esp. related to health and healing) and we must be respectful.

The Trainers also noted that, despite the bureaucratic pressures that occasionally arise to produce results, the methods they want to use are only effective with some patience.

(IC) True community participation takes time.

Relationships with Colleagues

When examining the relationships they need to foster with their colleagues, the Trainers identified two priorities: the building of support networks and the development of a mentorship program.

The Trainers discussed the need to continue building support networks amongst themselves and new trainers.

(IC) We need to build strong internal support networks, so that workers do not feel alone and so that they feel supported in their big tasks.

They also reiterated the need to expand their immediate circle of support to include health workers at the district hospital.

(IC) Need to spend time at hospital to increase knowledge about reality and to build effective relationships.

One idea that the Trainers explored in some depth was the concept of mentorship. They expressed a desire to develop networks within Mozambique or another Southern African country with practitioners in similar fields. Ideally, they envisioned being paired with someone from a Southern African context having more experience and working in a similar field.

(IC) Need to connect (email, phone, letters) with mentors, colleagues in same field maybe in a different country in Africa.

...I need to work beside someone that he knows the work that I'm doing.

Distance Education & Participatory Methods

The Trainers focused on two means of receiving future education: distance education and participatory methods. The general feeling seemed to be that, in order to effectively deliver their own continuing education courses using these two methods, they need to have more experience as students.

I... choose...participatory methods and distance learning. Like...we can have some event that I can participate for some time and I continue working with distance education. To have some session maybe participate, to be participant in, to have some session that I can receive some questions from other people and I could think about it and I learn, I read about it, I give answer to know if really what I'm doing is going in right way. For example, I can think if I received only books, I can't know if I'm going well.

Yeah, but if I had this opportunity of learning, I could learn...but, what I want really now is learning without going out, maybe it's distance.

I want to have experience also in long distance education...for myself.

Formalizing Access to Continuing Education

As employees of the only training centre dedicated to continuing education in health in the entire country, the Trainers hoped that their own continuing education needs would not be ignored.

*(IC) Education of Formadores can't end with CF training course.
The Formadores have continuing education needs as well.*

4.3 The Usefulness of the Story-Dialogue Method

The final purpose of this study was to look at the usefulness of the Story-Dialogue Method in the particular context in which it was used. The Trainers discussed both advantages and challenges.

4.3.1 Advantages of Story-Dialogue

Two main advantages of the method were identified: its potential for fostering personal and organizational change and its inclusiveness.

Personal and Organizational Change Possible

The Trainers felt that Story-Dialogue proved effective as a tool for critical reflection and, ultimately, for change.

...Is a way to, from this personal [story], each of us to take this experience to fit in our planning, to implement...

...If they have some difficulty to figure out, the others, participants of the group, can help to find solution for next...life, for next work, for next experience.

A concrete example of this potential presented itself during the research process. When the Trainers went to the local community, they stayed in special housing, separate from the community housing, and they were essentially “taken care of” by community members. During the Story-Dialogue session, one of the insights involved recognizing the importance of staying with the local community in a genuine way in order to appreciate their lived reality. As a result, the Trainers approached the community leaders and requested a home-stay arrangement where they would participate in daily activities and not receive any special treatment. The change was discussed during the focus group session and the Trainers expressed excitement that the community accepted their proposal.

Inclusiveness

The Trainers identified inclusiveness as the other strength of the method. They found it to be inclusive in that everyone can tell a story, but also in its reliance on a group process.

For me is a way you can include everybody, everybody can talk, what they want to talk, what they want to share with people...

...This process is helpful because take all people to see for each story, what is important to learn...

4.3.2 Challenges in Using Story-Dialogue

While the Trainers found the method quite helpful, they did identify a number of potential challenges. These included addressing the risk of disclosure, the need to formalize follow-up, and the need to explore suitability based on the community you are working with.

Risk of Disclosure

As the sensitivity of the information discussed increased, the Trainers acknowledged the need to be explicit and realistic about the risks involved in examining personal challenges through stories. They felt quite strongly about being aware of the relationships between people present during the session and about the importance of establishing ground rules.

Relationships

The Trainers spent a good deal of time discussing the importance of being selective about who attends the session. Specifically, they questioned the appropriateness of having supervisors present.

I think for the people who have no experience about the Story-Dialogue, would be very difficult to tell their true stories, because it's...about what you are doing, it's...about your limitations and also we do this kind of Story-Dialogue with, for example,...with my Director,... I can care about what I did. I don't know how [they] will act, we can say "ok, you told the story other people,...now, ok, those people will decide about your job"... This is the kind of problem,..., that may be.

Interestingly, one of the Trainers was technically the supervisor of the others and participated with them in the session. This realization led to further discussion about the nature of the supervisory relationship and the recognition that each case needs to be considered individually.

Yeah, but depends also the...the relationship, the kind of leader the boss [is].

For this group was easy...because we knew before...For example me and Trindade in the same place I can't imagine,(laughs.) You know? Because just together one year in job, that is nothing to build trust in relationship. Sometime you can think that is my chief, but something comes to balance this here.

Beyond not having a supervisor present, the Trainers felt that there was a need to build trust among the participants so that they feel certain that the process is confidential.

But on other level you need to work hard to prepare people to feel that trust that lets you build relationship enough...to put people comfortable.

Need for Ground Rules

One means of establishing trust was negotiation around ground rules. All Trainers had a part in establishing those rules and this was raised as an important aspect in addressing the risks. In addition, there was acknowledgment that the process is valuable because it is risky.

The most important is to have ground rules that people accept that we are equal in the circle. And people, and people to be honest to talk so that this process can be useful... is not to...to...to take some information out...is to be free.

Need to Formalize Follow-Up

The Trainers identified the focus group session as a crucial part of ensuring some follow-up after the Story-Dialogue session. They suggested that some means of

formalizing the movement from lessons learned to change is vital. This was seen as especially true where decision-makers were not part of the process.

...But if you, for example, had [as an insight] that the institution must be involved in some work that the... worker is doing... We have here, I think a kind of... recommendation. Now what do with? Because we have it just written in the paper, I can put in my drawer, my Director will never know! Which change will happen in institution? Because if I put this down, I tell the people my story, but I don't take help!

Suitability for Various Communities

The Trainers considered the implications of introducing the Story-Dialogue method to three broad groups or communities: the local communities such as Tevele, the community of health care workers such as those working at the hospital, and the community of the Massinga Centre.

Use of Story-Dialogue in Local Communities

The Trainers considered the traditional role of story-telling that already exists in many local communities. Elders tell stories to illustrate a lesson and it is not considered respectful to question the story-teller. Still, they felt that the Story-Dialogue method could be adapted to make it appropriate, respecting traditional practices and allowing everyone to participate. One challenge they decided they needed to address was in preparing people to feel comfortable sharing difficult or sensitive stories.

But this needs lots of explanation...because some people bring the hard experience that they have had and that can make people cry. We have some process in our culture...and so to be hard for another person like that...but it's open to introduce in the community...

Use of Story-Dialogue in the Health Care Community

When talking about using the method with their health care colleagues, the Trainers echoed the need to build trust over time. They also felt that it was important to ensure that everyone understands the process and the ground rules.

With the staff, also with the health worker within the hospital. Maybe, can be difficult to have people telling the story, is what I was saying. Because these people take risk. Here I can tell the story, for example, Director is not here, I can tell the story [a colleague] have what kind of trust, maybe [the colleague] can tell the Director. Is I think this kind of thought of some health workers, they can have.

Use of Story-Dialogue at the Massinga Centre

Finally, in looking at the Massinga Centre community, the Trainers felt that Story-Dialogue may be an appropriate way to address the identified need of formalizing critical reflection. This was in large part because they felt it had the potential to foster growth and change. They emphasized the benefit of having repeated sessions with the same people in order to build trust and deepen understanding amongst themselves.

I think here at the Centre we can use this process, because the process, is what I think, can be part of our culture in our institution to tell the story and to help us to understand about what we are doing. Can be part of our culture.

Chapter Five

Discussion

I have grouped my discussion topics into three parts using the framework of my research questions and paralleling the organization of my findings.

5.1 The Current Practice Experience of the Trainers

The purpose of this study was not to do an ethnographic description of the practice experience of the Trainers. Still, in the process of having the Trainers examine that experience some interesting themes arose that deserve further exploration. The challenges and successes described by the Trainers are likely not so different from what would be described by any practitioner trying to work with communities in an empowering and participatory way. What is unique is how those challenges and successes are affected by the Trainers' particular context. I mean the context unique to Mozambique as a post-colonial country of the South, but I also mean the context unique to the training program, especially the international aspect. For this reason, I will examine issues surrounding international education as part of the larger challenges related to putting theory into practice.

Working with communities often involves trying to encourage change. The Trainers raised the theme of change a number of times and in a variety of contexts including: working with local communities, working with decision-makers, and working with the larger community of health care workers. Such a focus on change is particularly striking and indicates that it is a central underlying theme.

Change

The Trainers raised issues related to change when discussing their own response to new methodologies, their attempts to implement those methodologies, their struggle as they moved from being students to practitioners, and the challenges of facing the changing reality of the practice environment. Clearly, change is an important concept to examine.

It is difficult to define and quantify change. Much literature is devoted to defining theories of change. Change theories range from individual to organizational to community to environmental.⁴¹ The Trainers described working in a context where all these theories have something to offer as they are working to effect change at every level. All theories of change have one thing in common: all signal the need to address resistance to change.

Resistance to change can be seen as a normal response. Bracht, Kingsbury, and Rissel have outlined five kinds of changes people often resist:

- changes not clearly understood,
- changes they or their representatives had no part in bringing about,
- changes that threaten their vested interest and security,
- changes advocated by those they do not like or trust, and
- changes that do not fit into the cultural values of the community.⁴²

These five categories are highly relevant to the experience of the Trainers. For example, they confronted initial resistance to change in the local community that was fostered by lack of trust. Their work to ensure understanding, encourage participation, and build trust has contributed to overcoming some of this resistance. An attempt to apply these same strategies in their interactions with supervisors and colleagues will increase the likelihood of success.

Part of addressing the barriers to change involves ensuring that the people affected by change have a voice in shaping the process and outcome. When working beyond the individual-level and in an empowering way, this process involves building consensus. The Trainers described both the desire and need to build consensus and the challenges they have met when faced with the reality of the heterogeneity of a community. Despite the inherent challenges, consensus building is generally seen as key in fostering meaningful change.^{43, 44} This is particularly true because, as Smith points out,

all members of the community affected by the decision, whether or not they are aware of this, share in the decision-making inasmuch as part of decision-making is implementation and no decision can be implemented without the cooperation, or at least acquiescence of the members of the group.⁴⁵

What's most important in consensus building is allowing enough time for a group to come to true agreement. This can be frustrating for some members of the group, but it is very important to not force decision making. Still, a case can be made for ensuring smaller decisions are included along with more complex ones so that the group sees short-term progress.⁴³

The problem of ensuring everyone has a voice is not necessarily solved by allowing enough time. This is where the facilitation skills of the Trainers are crucial. Guijt explores the idea that the beginning of addressing the problem is recognizing that there are complex power structures at work in any community.⁴⁶ The Trainers have identified this as an issue and have voiced concern about ensuring that everyone has a voice in identifying the needs of a community. Other research has recommended that going to where people are, engaging people in activities that reflect their life experience, and redefining what it means to contribute to a process are some ways that we can overcome barriers to participation.⁴⁶⁻⁴⁸

The study findings are very much supported by the aforementioned literature. The struggles of Trainers in addressing the challenges in this area are part of the process of becoming competent practitioners. It is important that the Trainers continue to grapple with how to foster change in a manner that is empowering.

Putting Theory into Practice

The Trainers discussed and explored many issues related to achieving success when putting the theory they've learned into practice in the "real world". In many ways this particular theme is connected to the theme of change. For example, the Trainers recognition of the difficulty in consensus building with the community partly relates to how best to foster change, but also touches on the disconnect between theory and practice. The Trainers recognized that one of the greatest challenges in fostering consensus is the inevitable complexity and heterogeneity of a community.

Literature that addresses the problem of putting theory into practice refers to both the transfer of knowledge and the application of training. Some of the literature in this area claims as little as ten percent of what is learned is retained and applied.⁴⁹ This lack of retention and application is due to a variety of factors, both internal and external. Berkowitz has developed a useful framework that accounts for both the internal context of the learner (individual learner and work environment) and the external context of the learning (the educational program and the innovation factor) as being significant in determining how effective this transfer is.⁵⁰ When the issues raised by the Trainers are examined through the lens of this framework, it is clear that the Trainers faced challenges related to both the internal and external contexts. This is especially true when one considers the disparity between the training or learning context of Canada and the work environment of Mozambique.

The Trainers explored, in detail, both the language and context gaps of their international experience. Literature focusing on international education tends to look almost exclusively at the challenges experienced by learners when learning away from home. While some literature looks at the reverse culture-shock of returning home,^{51, 52} the further challenge of applying what was learned in a foreign context is virtually ignored. The Trainers raised issues of difficulties in application based on differing economic realities and when addressing the bureaucracy of their own health care system. More research is needed to examine how the relevance of skills and theory are affected by learning in a Northern/developed context in order to practice in a Southern/development reality.

5.2 Identifying Professional Development Needs

There was significant breadth and depth in the findings related to professional development needs. The Trainers were able to move beyond continuing education courses and explored content and methods relevant to both skill and knowledge building. Four areas that bear more discussion include: planning, critical reflection, organizational issues, and mentorship.

Planning

The Trainers expressed somewhat paradoxical desires in the area of professional development related to planning. On the one hand they were quite clear about their desire for both more concrete long-term plans and more detailed short-term plans. The detailed short-term plans would allow for a Trainer to be away from the center without operations being affected. On the other hand, they were also clear that they felt too much of their time was spent planning. I think that this is an apparent rather than an actual

contradiction. The Trainers expressed frustration with the planning process, which they felt lacked focus and was not moving beyond planning to action. At the same time, they recognized that effective planning was a necessary prerequisite for the Massinga Centre to move forward and achieve goals.

During the focus group session, I raised the idea of strategic planning and the benefit of bringing in an outside facilitator. The Trainers present at that session seemed open to both ideas. Strategic planning is different from long-term planning in that it is action rather than idea oriented and provides a framework for activity.⁵³ It also provides an opportunity for an organization to clarify roles, something the Trainers identified as a need in addressing their organizational issues.

Formalizing Critical Reflection

Critical reflection is a central tenet of transformative learning. As practitioners of transformative learning, the Trainers identified the need to formalize the process of critical reflection. If the Massinga Centre is an organization that values transformative learning, then it must move beyond espousing the value of critical reflection to making the process of critical reflection part of its fabric. How organizations choose to foster and practice such reflection will vary. Methods explored in the literature include reflective journaling and critical incident exploration⁵⁴ and I have explored the use of the Story-Dialogue method. Invariably, unless practiced, critical reflection does not become habit, and so time and space should be allotted for such practice.

Organizational Issues

The organizational concerns raised by the Trainers were unique to those Trainers still working at the Massinga Centre and could perhaps be seen as a peripheral to the issue of professional development. However, as one of the Trainers poignantly stated, they were frustrated when asked to examine their current practice because they felt they had not had the opportunity to practice. In this way, the organizational issues came into sharp focus as a barrier to professional growth. In order to clarify some of the issues described by the Trainers, it is important to understand the organizational context.

The Trainers working at the Massinga Centre were newly graduated at the time of the study and, while they were no longer students in the THRP, they were also still developing skills and working through the process of moving from the role of student to the role of practitioner. In addition, one of the Trainers was selected to be the Director of the Massinga Centre and so there were also role transitions taking place; colleagues and classmates were now engaged in a supervisor-supervised relationship. The ties developed through the training program were quite strong. Non-supervisory Trainers never referred to the Director of the Massinga Centre as a supervisor but as a colleague. Two of the Canadian members of the THRP management team lived on-site at the Massinga Centre. Their role was intended to be that of consultant or advisor. Finally, the Trainers were working with a shortage of human resources as there were only three of them to run the Massinga Centre, instead of the intended seven.

So it is in this context that the Trainers experienced and described some of their frustrations. Most of these frustrations centred on role transitions of both the Trainer-participants, moving from being students to practitioners, and the on-site Canadian members of the management team, moving from being teacher-facilitators to consultant-

advisors. The main issue underlying the Trainers' feelings of lack of confidence and desire to build confidence related to these growing pains inherent in the evolution of the TRHP.

There is little in the literature that specifically addresses the rather unique context of the THRP and the Massinga Centre. Still, some of the literature provides insights that are transferable and applicable. Most of this relevant literature is in the area of adult education. Adult educators, especially those in the field of transformative learning, have long seen themselves as facilitators rather than traditional teachers.⁵⁵ The ethos of facilitation is the treatment of adults as equals in the classroom and the grounding of instruction in the prior knowledge and experiences of learners.⁵⁶ In a program employing transformative learning, one would expect that the transition of moving from course facilitator for the training program to consultant for the Massinga Centre would be relatively smooth. There is some evidence that this was not so, a finding that is consistent with the literature. Johnson-Bailey and Cervero have argued that

facilitation does not occur on a neutral stage, but in the real world of hierarchical power relations among all of the adults, including teachers and learners. When learners and teachers enter classrooms they bring their positions in the hierarchies that order the world.⁵⁵

I would further contend that when teachers and learners leave classrooms and attempt to engage on a collegial level, these hierarchies continue and now include those of the student-teacher dichotomy. While not directly expressed as a concern by the Trainers, one should consider the context in which such transitions are taking place and bear in mind Mozambique's colonial history. Therefore, there may exist a power differential, neither conscious nor intentional, between the Canadian facilitators and their Mozambican students cum colleagues. Despite the best efforts of all involved, such a power

differential could pose a challenge to establishing open and honest communication where people feel free to raise concerns.

Clearly, the THRP and the development of the Massinga Centre are unique in both context and process and so outcomes are not fully addressed by the current literature. The experiences of the Trainers and the Canadian consultants as they struggled with simultaneous role transitions have the potential to contribute to bodies of literature that address adult education and international training programs. Finally, I reiterate the idea that an outside facilitator may have been useful in assisting role transitions and developing a long-term strategic plan.

Mentorship

The Trainers focused on mentorship as a means of professional development. They envisioned a mentor being someone from a Southern African context with more experience in a comparable position and working in Mozambique or a neighbouring country. Mentorship has been shown to be effective as a professional development tool in that it fosters both skill development and higher rates of job satisfaction.⁵⁷⁻⁵⁹ Mentoring relationships can be either informal or formal, although formal programs have a better chance of avoiding potential pitfalls. Emphasis should be on screening of mentors and mechanisms for providing support and training related to mentoring.

5.3 The Usefulness of the Story-Dialogue Method

I decided to use the Story-Dialogue method in order to examine its usefulness in helping the Trainers identify their professional development needs. The Trainers themselves felt it was useful and even suggested it become part of the culture of the Centre. It seems a very good fit, especially in that it fosters transformation through the

process. For example, as described previously, the Trainers made a decision to change the way they were engaging with the local community because of the insight to stay in a home-stay environment in the local communities that developed during the Story-Dialogue process. Such a change in the way the Trainers choose to interact with the local community has the potential to transform their relationship with that community.

In comparing the data generated using the interviews and the focus groups, an interesting evolution emerged. The interviews and the focus group offered me, as the researcher, a chance to analyze the Trainers experience. The Story-Dialogue experience, on the other hand, offered the Trainers an opportunity to do their own analysis. Therefore, much of the data related to professional development needs identification is in the form of insight cards. This indicates that the method is an effective means of facilitating a self-assessment of professional development needs.

The Story-Dialogue session also created an atmosphere of increased trust and allowed the Trainers to take risks in a safe environment. The atmosphere was, in part, created through establishing ground rules. I did not determine the ground rules; rather I assisted the group in developing their own. Because the group took part in the process, I believe they had a greater sense of the importance of the ground rules and felt confident that all members would abide by them. Their sense of safety is reflected in the increasingly sensitive information shared towards the end compared to that obtained during initial interviews.

The Trainers were concerned that the Story-Dialogue method required some formalized follow-up. This concern would likely have been alleviated had the Trainers had the opportunity to go through the whole process to the point of writing theory notes. Still, I think their concerns about moving from theory into action are well-founded to

some degree. If participants try to focus around their own practice experience and situations they have the ability to change or over which they have some control, I believe they can develop strategies to ensure follow-up. For example, instead of focusing solely on lack of material resources - something a group may have little to no control over - they could focus on creative uses of available resources.

While I found the Story-Dialogue method to be a highly effective tool in the context of assessing professional development needs, it was also challenging, especially in terms of language barriers. One of the Trainers, for example, told a story related to personal, rather than professional experience. For some reason, I never expected that to happen and I was unsure how to handle it. The structured dialogue proved a useful tool for directing the story lessons back to the generative theme. In that instance, however, I felt that I was much more directive than a facilitator would normally be. Given the chance to do it all over again, I would take more time to ensure the participants had a clear grasp of both the nature of the generative theme and how to choose an effective and appropriate story.

As to the idea of using the Story-Dialogue method with their hospital colleagues and local communities, I believe the method has a lot of potential. The Trainers' insights are valuable regarding the importance of the group dynamics, trust, and need for ground rules. Feather has emphasized these same issues in the use of the Story-Dialogue method in other contexts.⁶⁰ Trust is especially important when using the method with health professional colleagues where issues of job security are present.

For the appropriateness of using the Story-Dialogue method with local communities, we focused too much in our discussion on traditional story-tellers and the potential cultural barriers prohibiting questioning. The purpose of the method is to assist a group in arriving at generalized knowledge through the examination of personal and particular

experience. Therefore, any group that has a goal of developing generalized knowledge can engage the Story-Dialogue method to that end. I can envision a situation where a group of women come together to develop generalized knowledge about the experiences of rural women in Mozambique and use the Story-Dialogue method as a means of group analysis and education. Use of the Story-Dialogue method in this way could move the method even closer to Freire's concept of conscientization.

5.4 Personal Reflections

The experience I had in Mozambique was truly the experience of a lifetime. I never could have anticipated all of the successes and struggles I encountered. I'm also not sure that anything could have prepared me. The intensity of the research experience was increased dramatically by the constantly heightened level of anxiety that marked my first experience in Africa. While it is difficult to unravel the experiences as separate, I will try to reflect individually on my personal and research experiences.

5.4.1 Personal Experiences

Having never traveled extensively, I found this first African experience to be both extraordinarily challenging and extremely valuable. It pushed my limits in ways I couldn't have predicted and exposed me to the rather unique experience of feeling conspicuously Caucasian. The town of Massinga does not have many Caucasian community members. In fact, when I arrived with my two travelling companions, we fairly well doubled the Caucasian population. The children, in particular, seemed fascinated by the new visitors. After school let out, the children would stand outside the living room window and watch me while I worked. It was somewhat disconcerting to lose the ability to be anonymous and it added to the underlying stress level.

Because of this low-grade but constant anxiety, I found my coping mechanisms were distorted and my usual tolerance for stress was quite low. When a participant fell ill with malaria the day of the Story-Dialogue session, I nearly couldn't cope. I felt so concerned for the participant, concerned for my research, and ashamed that I worried at all about my project. I knew that the other participants were not unaffected by the other's illness; I knew their hearts and minds would be elsewhere if I chose to go ahead with the Story-Dialogue session; and I knew I had only one chance to do the research right. In the end, things worked out and it was an invaluable learning experience. I learned a lot about my limits and reactions to stress, reactions that were so new to someone who has spent her life capable and calm under great amount of pressure.

I also didn't anticipate the sensitivity of the information that I obtained. I was told by many people to expect that the Trainers would have a hard time trusting me and that they would likely tell me only what they thought they should say. I was so convinced of this that I was literally breathless when the opposite happened and they trusted me with information they had yet to reveal to anyone on the program team. I was then in a conundrum, wanting to ensure my thesis had integrity but that I also explored sensitive themes with tact and care, not to minimize the issues but to honour the trust shown me.

5.4.2 Research Experiences

Reflecting on the challenges and advantages of doing a research project in Mozambique, most of the challenges centered around issues of distance and culture. I lacked normal supports and comforts, access to libraries and technology, and familiarity with the culture and language. There were many more opportunities for lack of understanding and incorrect interpretation. I did my best to account for this and to always ensure a contextual rather than a literal understanding.

Once home, challenges continued. If I couldn't understand a tape recording, I was stuck with having to concede that some of the data was simply inaudible. My desire to avoid this meant literally hours and hours reviewing short segments of tape, trying to squeeze out as much data as possible. As I analyzed the data, I could not make a decision that it would be important to explore this or that theme more and ask my participants to come together one more time due to the huge distances separating us.

The rigidity of my time frame and the inability to go back and collect more data was also a considerable advantage. I had no choice but to go forward with what I had. There are also great benefits to engaging in a research project that has you live and work where you are collecting your data. This allowed for the much needed contextualization during much of the analysis.

Finally, I feel there is some symmetry in the fact that, while exploring a program whose goals are transformative, I was undergoing a transformative experience myself. This transformation was undergone as I faced many struggles related to studying and living in a culture that was foreign to me. I believe that the Trainers recognized my struggle and could relate it to their experience of studying in Canada. I feel that this recognition increased opportunities for building trust and may have allowed for some of the more sensitive revelations that occurred late in the research process.

5.5 Limitations and Delimitations

The following were delimitations on this project:

- ❑ An examination of practice experience could naturally lead to an analysis of both past experiences, i.e. the effectiveness of the THRP curriculum, and implications for the future. In order to ensure a manageable thesis project, suitable to the Master's level, I chose to limit my analysis to the implications for the future only.
- ❑ A thorough assessment of the Trainers' professional development needs should include the program planners, the course facilitator, and the communities impacted by TRHP. For the same reasons mentioned above, I chose to limit my data collection to the Trainers.

The following were limitations of this project:

- ❑ While I did what I could to address the language barrier, I must concede that language issues did result in limitations. It was likely communication issues that caused one Trainer to tell a story about personal rather than professional experience. As well, there is an increased chance that I was misunderstood or that I misunderstood the Trainers. Due to the Trainers having to explain themselves in a second language, it was impossible to rely solely on isolated pieces of data; doing so would have resulted in an inaccurate representation of the ideas the Trainers were trying to convey. I had to contextualize comments both within the conversation and based on other interactions. Obviously this increases the risk of my own interpretation masking the reality of the Trainers. I was also concerned that the Trainers might not feel comfortable asking for clarification or that I might be too willing to accept the Trainers information without ensuring I understood. I did my utmost to account for this possibility. For instance, one strategy I used was

to check data for instances of the participants asking me to clarify or saying that they did not understand; I found many of these. The presence of such interactions helps to assure me that the Trainers felt comfortable in asking for clarification and that I took the time to double-check potentially confusing information.

- The logistics of time and place did result in limitations on my study. I had only one opportunity to collect data and, as expected, there was very little recourse on my return to Canada when I encountered problems with the data. While the Massinga Centre has both phone and internet lines, they seemed an inappropriate means of checking as I could not play back sections of tape for clarification. In the case where I might choose to use either telephone or e-mail, both services were unreliable. Problems with data mostly involved poor recording quality in group sessions where there were numerous sections of conversation that were inaudible. Again, my strategy was to check notes and contextualize the statements within the conversation.

5.6 Recommendations

5.6.1 Recommendations for Practice

- The Trainers have expressed a desire to formalize their practice of critical reflection. The Massinga Centre and THRP need to examine methods of doing this, particularly since the program and centre are advocates of transformative learning. Based on the success of the Story-Dialogue method as used in this research, I would recommend that they consider implementing regular Story-Dialogue sessions as a means of formalizing critical reflection.

- Considering some of the findings related to organizational issues and the Trainers' desire to institute and learn more about long-term planning, the Centre could perhaps consider bringing in an outside facilitator for a strategic planning session. Such a session could help to develop a strategic-plan for the Massinga Centre and may assist in clarifying the roles of all individuals involved in the Massinga Centre, thus resolving some of the organizational tensions connected to role-transitions.

5.6.2 Recommendations for Future Research

- In the course of trying to access literature relevant to my finding, it became very clear how truly unique and innovative the THRP is. Much more research is needed in the area of the benefits and challenges of partnerships that pair Northern and Southern countries and offer international educational opportunities to their participants. The THRP is in a position to offer an examination of its own effectiveness and its potential as a model for other programs.
- More research is needed in the area of adult education where learners and teacher-facilitators become colleagues. The potential is there, particularly in the area of education in the health professions, where practicums are commonplace. Specifically, in the area of empowerment and participatory education, there is a need for deeper exploration of the teacher-student dynamic and the challenges and benefits of such an approach.
- More research could be invested into the use of the Story-Dialogue method as an on-going reflective practice tool within a specific work unit. One could examine the feasibility and explore the potential need to streamline or adapt the method in order to encourage regular use. It would also be interesting to explore whether or not a work unit could develop an integrated body of knowledge about their practice through

regular use of the Story-Dialogue method. Finally, other methods of accomplishing this same end should be explored and contrasted with the Story-Dialogue method.

- The Story-Dialogue method has primarily been used a reflective practice tool in a professional context i.e. with practitioners. More research could be undertaken into adapting the method for use by groups of citizens interested in a common goal. For example, the method could be used to explore the possibility of citizen participation in development of health care curriculum. This could perhaps be facilitated by having small groups use the Story-Dialogue method to analyze their stories of interacting with the health care system to develop recommendations for curriculum reform.

5.7 Conclusions

This study proposed to examine the current practice experience of the Trainers, to use that experience to help the researcher and the Trainers identify professional development needs, and, finally, to examine the use of the Story-Dialogue method as used in this particular context.

The current practice experience of the Trainers involved both challenges and successes. Challenges included bridging several gaps related to having studied in Canada in order to practice in Mozambique, working with local communities, working with colleagues and students, and a lack of bureaucratic and logistic support. Successes described by the Trainers mirrored many of the challenges, demonstrating that the Trainers were describing a complex process and not a simple event. Particular successes included those found when working with local communities and working as a team.

The Trainers identified a rich breadth of professional development needs, focusing on content and method of acquisition. Content needs included learning related to planning,

formalizing their practice of critical reflection, recognizing their own assets and limitations, and dealing with organization issues affecting their professional development. As well, the Trainers identified course-specific areas of interest. Methods for achieving development included relationship building, use of distance education and participatory methods, and formalizing access to continuing education. Relationship building was an area of focus and was felt to include other sectors, bureaucracy, local communities, and colleagues.

Finally, the Story-Dialogue method was found to be particularly useful in this context. Much of the data related to professional needs identification was generated in the form of insight cards. This indicates that the method is an effective means of having a work unit identify their own professional needs. The Trainers found the method useful in that they felt it fostered both personal and organizational change and was inclusive. Challenges of the method included the risk of disclosure, the need to formalize follow-up, and the potential need to adapt the method depending on the community using it.

In conclusion, it was my desire that this research be useful. I would hope that the Trainers will have found both the process and the product helpful in their professional development and that the THRP management team will be able to use the results in their program evaluation and development.

5.8 Epilogue

It is vital to acknowledge that this research project took place in a context of both place and time, a context which is inevitably subject to change. The findings as described present reflections of the Trainers' experience in early 2002. Since that time, much has taken place and I felt it important to provide an update of relevant changes.

- The Trainers described challenges surrounding the lack of official recognition of the Massinga Centre. In November, 2002, the Massinga Centre was inaugurated by the Governor in the company of the Consul of the Canadian High Commission in Mozambique and dignitaries from the Ministry of Health and the Province of Inhambane Directorate of Health.
- In April, 2002, the THRP began training its second group of Trainers using an updated curriculum and including less time spent in Canada and community attachments with community development programs in neighbouring African countries. The new Trainers graduated on April 25, 2003.
- The team reports considerable internal team work throughout 2002 to ameliorate tensions and to clarify shifting roles from student to trainer and teacher to advisor so that there now exists a team of colleagues. They report that they drew on their collective commitment and skills to address challenges and dedicate time to team building.

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APPENDIX A: Interview Guide

- ❑ What has been your work experience since returning to Mozambique?
- ❑ Have there been any particular challenges?
- ❑ Have there been any particular successes?
- ❑ Is there anything or anyone that makes it harder for you to do your work?
- ❑ Is there anything or anyone that makes it easier for you to do your work?
- ❑ What are your goals with respect to your work?
- ❑ What do you feel you have already learned that will help you to meet those goals?
- ❑ What do you feel you will need to do/learn in order to meet those goals?

APPENDIX B: Interview Guide – Portuguese (translated by K. Stevenson)

- ☐ Qual é a sua experiência do trabalho desde sua chegada à Moçambique?
- ☐ Houveram alguns desafios de realce?
- ☐ Houveram alguns sucessos de realce?
- ☐ Houve alguma coisa ou alguém que tornou o seu trabalho difícil?
- ☐ Houve alguma coisa ou alguém que tornou o seu trabalho fácil?
- ☐ Quais são os seus objectivos respeitante ao seu trabalho?
- ☐ O que pensa que tenha aprendido que possa ajudar a alcançar esses objectivos?
- ☐ O que pensa que precisa de aprender/fazer para alcançar tais objectivos?

APPENDIX C: Story-Dialogue Instructions – English

BACKGROUND

Joan Feather and Ron Labonte developed the Story-Dialogue method, described as a structured dialogue approach to story telling, as a means of formalizing the use of narrative analysis. The method has been used for professional development, problem solving and planning with community development groups, for example. It also has a use in knowledge development, as an impetus for developing theory grounded in practice experience, and in program evaluation. Labonte and Feather have encouraged the use of Story-Dialogue in “health promotion settings of all kinds—in the community, in clinics and health centres and hospitals, in government and non-government agencies and organizations concerned with improving health or the underlying conditions affecting health”. The method is based on the assumption that story telling is currently used by health care practitioners and promoters in an informal way as a means for problem-solving, critical reflection, and skill development. Labonte and Feather argue that story telling can only become a truly effective learning device when we focus on the “way the story is constructed, and the way it is examined to reveal its helpful lessons”.

OBJECTIVES

- to tap into the knowledge that is imbedded in your own practice experience;
- to help you share that practice knowledge with each other effectively;
- and to create more generalized knowledge, for future practice.
- to incorporate practice knowledge in project evaluations

PROCESS

- pick a theme
- prepare a case story
- share your story with the group
- reflection circle
- structured dialogue through a guided discussion
- generate insight cards
- combine insights notes to construct common themes into categories
- develop theory notes by linking insights in a specific category

SETTING GROUND RULES AND NORMS

- potential problems
- our fears
- development of ground rules & norms based on fears and anticipated problems

GENERATIVE THEME

- a generative theme is a topic that creates conversation
- frequently, it identifies tensions that exist within or between the people who are involved

CASE STORIES

Case stories are personal accounts of when the tension in practice described by the generative theme was encountered. They are first person (“I”) stories. Case stories certainly don’t exclude other people involved in the activities, but these stories emphasize your own experiences, spoken in your own “voice.” It’s fine to say that “we did this, or that,” as long as you were an active part of the “we,” and that the story includes your own thoughts on what was done.

REFLECTION CIRCLE

The group listens carefully, and then in a quick round, observes how this story is also “my” story - this changes the discussion of the story from seeming like an interview, to a shared dialogue that involves the whole group. The listeners pause and reflect on “how is the story I just heard also my story? How are the issues in this story similar to or different from my own experience?” This is a very brief round, each person speaking in turn, with no debate or dialogue about what is said. The purpose is to build trust and support the story-teller. It demonstrates respect for one another.

STRUCTURED DIALOGUE

There are four categories of questions used, and they are all important:

- WHAT questions - what was happening - description
- WHY questions - why did it happen? - explanation
- SO WHAT questions - what have we learned from this - synthesis
- NOW WHAT questions - what would we do another time - what can be done in similar situations? - action

There is no special order to these questions, nor is the wording exact. But the AIM or FOCUS of the questions is important, and it’s vital that all four types of questions are asked. WHY and SO WHAT are especially important, these being the kinds of questions we usually don’t ask when someone tells us a story about experience.

What the dialogue is **not**:

- It’s not a debate with the story-teller,
- and it’s not a discussion of other people’s related experiences.

The focus stays on this one story, and you are working to unearth insights from THAT story.

Trust is really important. The dialogue is:

- CRITICAL - meaning that we ask and answer probing questions about the work in order to do it better. We do not criticize or cast blame.
 - CARING - meaning that the questions and answers are exchanged in a climate of respect for the values that motivate our work and the skills and knowledge we already possess
 - CAREFUL - meaning that we respect the confidences of the story-tellers who are taking the risks to share their experiences, while also feeling a responsibility to share the generalizable insights that arise from the story. We come away and work with the generalizable insights, not the specifics of the story itself.
- So we need to pledge ourselves to do this in a critical, caring and careful way.

INSIGHT CARDS

After the dialogue, people in the group compare their notes, and arrive at consensus about the insights that arose - these can be lessons, tips, statements, observations gleaned from the dialogue. They are the “ah hah’s” - they represent something that is important in practice, and that is worth sharing with others beyond the story group. These are the generalizable lessons. They usually arise from the “so what” and “now what” questions - but not always. Each insight should be written clearly on a sheet of paper, with enough detail that someone else who was not in the dialogue can understand your point. This usually means using a sentence, not just a phrase or a word. We can then bring those insights together and group them according to categories or themes, and we have begun to build a theory out of practice.

HOW TO WRITE A STORY

1. First, consider the generative theme around which you will write your story. These Themes have several questions or tensions within them. Your experience does not have to cover all of these! Instead, focus on one or two key issues (tensions) within the particular theme.
2. Next, recollect a time in your work when you encountered these issues (tensions). Provide a bit of context description, the WHAT? that was going on at the time:
 - what was the initiative or actions taken?
 - who was involved?
 - where did this take place?
 - what actions went smoothly, or were difficult, for you and for others?
 - what actions were particularly stimulating for you or for others?
 - how did your department or supervisor view the initiative or actions you took?

3. Continue your case story by explaining some of the reasons WHY you chose your actions:

- why did you take the actions you did?
- where was there consensus or disagreement about what should be done?
- how did these actions resolve (or not resolve) the issue (tension)?
- why did you get the results you did?
- why did some actions go smoother than others?

4. Then consider the SO WHAT? of your story:

- so what did you, or others, learn from this experience?
- so what remains confusing about your experience?
- so how have people changed from this experience?
- so what unexpected spin-offs arose from the experience?

5. Finally, consider the NOW WHAT? of your story:

- now what would you do differently next time you encountered the tensions in this theme?
- now what were the most important lessons you learned from this experience?

The Story/Dialogue method works best when the story is somewhat “open,” meaning there are unresolved problems or tensions that the story-teller hasn’t quite figured out, as well as some insights gained from the experience. It is the dynamic between the insights and unresolved tensions or questions that allows story-listeners during the workshop to “hook on” to your experience and begin to pose questions back to you and to others in your story group.

You shouldn’t tell your “whole” story in the 10 minutes you will have to share it in the story group. Simply tell enough that members of the story group get a sense of what happened, and why. The Structured Dialogue that follows your story (when others question you about your experience) will allow you to provide more details and explanation.

Finally, in preparing your story:

Be honest. Confidentiality will be emphasized throughout the workshop. Story group members will be requested not to share any of the stories with others.

Be specific. By the end of the workshop, the lessons your story helps to generate will be at a more abstract or generalized level, no longer dependent solely on the details of your particular story. But the details are important to help participants generate the generalized lessons.

Be brief. Most case stories tend to be 3 to 5 pages in length (double-spaced). Some are shorter, others are longer. There is no "right" length for a case story, but it shouldn't take you longer than 10 minutes to read or present your story to the story group during the workshop. Details are important, but not all of them have to be mentioned right away in the case story. Others will emerge during the structured dialogue around yours, and others', stories that will be facilitated during the workshop.

Be prepared. Case stories that have not had prior thought put into them generally haven't worked that well in generating lessons. As with any learning process, quality relies upon effort. Past experience finds that story-tellers usually spend 1 to 2 hours thinking about and writing (or making point-form notes about) their case story.

Método do Diálogo-Histórial

BASES

Os método do diálogo-histórial esteve a evoluir como um processo de formalizar a maneira de usar a análise narrativa. Este método tem sido usado para o desenvolvimento profissional, resolver problemas, e planejar com grupo de desenvolvimento communitario. O método é baseado em suposição que acção de contar histórias é presentemente usado por pessoas que trabalham com saúde de um modo informal. O acção de contar histórias poder está efectivo como instrumento de saber quando nós focamos em o modo de construir os histórias e o modo que ele e examinou de revelar as aulas útil deles.

OBJECTIVOS

- ☐ Para explorar o conhecimento esse é incluir em experiência de trabalha de vocês
- ☐ Para ajudar vocês a partilhar efectivamente este conhecimento com uns aos outros
- ☐ Para gerar o conhecimento mais generalizo, para prática futuro
- ☐ Para incorporar conhecimento de prática em os avaliação de projectos

PROCESSO

- ☐ Optem vocês uma tema
- ☐ Preparem vocês uma história de caso
- ☐ Partilhem vocês historias em grupo
- ☐ Círculo de reflexão
- ☐ Discussão guiarou com outros como ouvintes e archivistas
- ☐ Gerem vocês notas de discernimento
- ☐ Combinarem vocês discernimentos de histórias para constroem temas

OPTEM UMA TEMA GERADOR

- ❑ Uma tema gerador é um topico quem crira um conversação
- ❑ Frequentemente, ista identifica os tensões quem existem dentro de e entre os pessoas os quais são implicado

AS HISTÓRIAS

Histórias de caso estão contas pessoal de quando o tensão de prática descreveu por a tema gerador esteve encontrou. Elas são histórias de primeiro pessoa. Histórias de caso não fazem excluem outros pessoas envolvido em os actividade, mas estas histórias acentuam o seu experiencia, falado em seu voz. Ele é lindamente de falar quem “nós fizemos isto e aquilo,” desde que você era um parte activo de os “nós”, e que a história inclui o seu pensamento em volta de que vocês fizeram.

CÍRCULO DE REFLEXÃO

- ❑ Depois que o história está dissera
- ❑ Oportunidade para grupo de reflectir como história dele está nosso história
- ❑ Breve: não dialogo, não debate
- ❑ Objectivo: para construir fé, para apoiar os contador de história

DIÁLOGO ESTRUTURADO

- ❑ Eles hão quarto categoria de perguntas:
 - QUE? (descrição)
 - PORQUÊ? (explicação)
 - E ENTÃO? (síntese)
 - AGORA ENTÃO? (acção)
- ❑ Eles hão não ordem especial para estas perguntas
- ❑ É necessidade quem todo quatro categoria fazer perguntaram
- ❑ PORQUÊ? e E ENTÃO? estão mais importante, porque estes são as perguntas nós normalmente omitimos.
- ❑ **O diálogo é não:**
 - um debate
 - um discussão para as experiências de outros pessoas
- ❑ **O diálogo é:**

- **crítico**-Nós perguntamos e respondamos questões em redor de a trabalha para fazer ela melhor. Nós não fazemos crítica ou lancamos culpa.
- **cuidar**-Questões e repostas são trocar em uma clima de respeito para os valores quem motivam nosso trabalho e os habilidades e concihemento nós possuímos agora.
- **cuidadoso**-Nós respeitamos as confianças de contadores de histórias os quais tirarem o risco de partirarem experiências deles. Nós sentimos também o responsabilidade de partirem os discernimentos geral que surgem de a história.

NOTAS DE DISCERNIMENTOS

- ❑ aulas, conselhos, declarações, observações
- ❑ eles representam alguma coisa que é importante em prática
- ❑ eles são os aulas generalizável
- ❑ eles seriam escreviam com bastante detalhes que alguém outro quem não esta em o dialogo compreenderá o seu conselhos
- ❑ por agruparmus os discernimentos em categorias, nós temos começo de construir teoria de prática.

PARA PREPARA HISTÓRIA DE CASO

1. Primeiro, considera a tema gerador em volta que você escrever o seu história. Esta tema tem múltiplo perguntas ou tensões dentro do ela. O seu experiencia não fazem para abrange todo. Em vez disso, forcem em um ou dois tópicos ou tensões de máxima importância dentro do tema particular.
2. Próximo, lambrem uma época em seu trabalho quando você encontrou estes tópicos (tensões). Forneçam um poco de contexto e descrição, o “**que?**” esse foi ocorrência em o tempo:
 - ❑ Que foi a iniciativa ou acção tira?
 - ❑ O qual foi envolvido?
 - ❑ Onde e fazia este ocorreu?
 - ❑ Quel acções foram suavemente, ou eram difícil, para você e para outros?
 - ❑ Quel acções forem particularmente estimulante para você e para outros?
 - ❑ Quel estava as vista de o seu departamento ou supervisor de as iniciativa ou acções você tirou?
3. Continuem o seu história de caso por explicar alguma de os razão “**porquê**” você optou o seu acções:
 - ❑ Porquê fez você tirou os acções você fez?
 - ❑ Onde é ali consenso ou desacordo em redor de que vocês fariam?

- ❑ Como fizeram estas acções resolvem (ou não) o topico (tensão)?
- ❑ Porquê fez você recebe os resultados você fez?
- ❑ Porquê fez alguma acções vão mais suavemente do que outros?

4. Naquele tempo considera o “**e então?**” de o seu história:

- ❑ e então fez você, ou outros, aprendeu de esta experiência?
- ❑ e então restos confuso em redor de o seu experiência?
- ❑ e como têm pessoas mudarem de esta experiência?
- ❑ e então inesperado resultados surgiram de esta experiência?

5. Finalmente, considera o “**agora então?**” de o seu história:

- ❑ agora então você faria de outra modo próximo tempo que você encontrará os tensões em esta tema e porquê?
- ❑ agora então foram as aulas mais importante quem você aprendeu de esta experiência?

Os método diálogo-histórial funciona o melhor quando o história é um pouco “aberto”, isto é tem problemas ou tensões não resolveram quem o contador de história não tem completamente compreendeu. Mas incluí vós alguma conhecimentos profundos também. Isto é a dinâmica entre os conhecimentos profundos e os tensões não resolveram ou as perguntas quem levar em conta os ouvintes de ligação de o seu experiência e começarão fazer perguntas.

Não digais vós o história todo. Simplesmente dizei vós suficiente quem os outros terão um sentido de que ocorreu and e porquê. O diálogo estruturado quem segue o seu história permitirá você de fornece mais particularidades e explicação.

Finalmente:

Sede vós honesto. O confidencialidade será salientar através a aula prática. Os participantes serão requeiro de assinar um impresso de confidencialidade.

Sede vós específico. De o fim de a aula prática, as aulas o seu história ajuda de gerar serão em um nível mais abstracto ou generalizável. Mas os particularidade estão importante de ajudam os participantes geramos as aulas generalizável.

Sede vós breve. Mais histórias de caso estão 3 de 5 páginas. Mas, alguma estão mais breve, outros estão mais longo. Este não comprimento correcto, mas não tirai você mais de 10-15 minutos para ler ou apresentar o seu história.

Sede vós preparado. Os histórias de caso quem não têm pensamento prévio pôr algo dentro de eles geralmente não trabalham em gerarem os aulas. Desde que nosso tempo é limitado e nós teremos só que um oportunidade encontrar-se com, nós faríamos ista ter valor.

APPENDIX E: Focus Group Guide

A. Related to Interviews

1. We've talked a lot about the difficulties of studying in a developed country and trying to apply what you've learned in the context of Mozambique. Can we talk a bit about any benefits you see to having studied in Canada?
2. Have any parts of the CF Training Course content (module) been particularly useful in your work?

B. Related to Story Dialogue

1. Overall, what did you think of the story-dialogue?
2. What was successful about it?
3. What was hard or unsuccessful about it?
4. Would you use it again, on your own?

C. Related to Professional Development

1. Of all the challenges we have discussed, what's changeable and what is not?
2. In what way could further training contribute to meeting these challenges?

APPENDIX F: Consent Form (English)

Speaking Their World: An Assessment of Professional Development Needs

Researcher

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Supervisor

Joan Feather
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Purpose of the Study

The purpose of this study is to conduct a needs assessment, which will contribute to the overall program evaluation of the Training for Health Renewal Program. This study will involve having the Trainers' examine their current experiences in the field, focusing on both challenges and successes in their current practice. Data obtained through interviews, a story-dialogue session, and a focus group session will be used to comment on potential future directions for professional development.

Objectives of the Study

- To understand the Trainers' ongoing continuing education needs by exploring their current work experiences;
- To facilitate the Trainers' critical reflection;
- To reflect on the usefulness of the Story-Dialogue method in this particular context.

Possible Benefits

While I cannot offer any guarantees, I hope that this research will benefit you by:

- providing time and space for you to reflect on your current experiences with the aim of learning in order to improve your practice;
- providing experience with the Story-Dialogue method, a method which could be appropriate for your ongoing professional development;
- providing an analysis of professional development needs based on the data collected, which you could use at your discretion.

I hope this research will benefit others by:

- providing THRP with information that may be used for ongoing curriculum development.

Procedures

Part 1-Interviews

Interviews conducted will be one-on-one. I will take notes and tape-record the interviews. Questions will be related to your ongoing practice experience, what you find challenging, if and how you feel successful, and so on. Information revealed during the interviews will be confidential. I may use some of the information as data for my thesis; this data will not identify you in any way. I hope to create a set of themes from the interview data so that, as a group, you can choose one theme for the story-dialogue session. Time required for the interview will not be more than two hours. You will have the opportunity to review your interview transcripts and to add, alter, and delete and information as you see fit.

Part 2-Story-Dialogue Session

The Story-Dialogue method involves you each writing a story around a theme we've chosen together. The story should be about a specific and real work experience. The method is complex and you will have an orientation session on all of the steps and procedures involved before I ask you to sign the consent form for participating in the Story-Dialogue session. The session itself will be tape-recorded. This information will only be used to help me remember the sequence of events when I write my thesis. By the end of the session, we will have created theory notes and insight cards. This information will be very general and will not in any way identify you as an individual. I will use both the insight cards and the theory notes as data for my thesis. The Story-Dialogue session will take, in total, likely two days of your time. Some of that time will

be for orientation, some for writing your stories, but most (about one full day) will be for the workshop or session itself.

Part 3-Focus Group

In order to offer you a chance to reflect on the research experience and for me to ensure I have interpreted everything correctly, I would like to have a focus-group session before I return to Canada. During this session, you would be able to raise any concerns, provide me with feedback about the research methods, and ask questions. During my time in Massinga, I will be keeping a journal. I would like to offer you the chance to discuss any themes that arise in my journal to ensure that culture and language barriers aren't confusing my interpretations. This may also provide an opportunity to discuss issues or challenges that weren't raised to this point.

Risks

There is some risk in participating in the Story-Dialogue session because you are making yourself vulnerable to your peers by revealing the challenges you face in practice. I plan to minimize this risk by having a discussion before the Story-Dialogue session where we can talk about all our fears and how to make the experience safe. At the same time, we will establish group norms and ground rules together. I have also invited some extra people to help us examine each of the stories. My hope is that they will help to diffuse any potential tensions arising from four colleagues examining their practice together. The extra people will be subject to your approval, I have considered: Judith Wright, Claire Roberts, Odette, and Olivia.

Withdrawal

You have the right to withdraw from this study at any time. Your withdrawal would not affect your role in the Training for Health Renewal Program. Upon withdrawal you may also request that your data be deleted from the study.

Confidentiality

All identifying information will be removed from any data that is used in my thesis. Although all participants in group sessions will be asked to sign a confidentiality agreement, there are limits to the extent that I can guarantee that other participants will abide by such agreements. I am requesting that each of you fully respect the privacy and confidentiality of the other people participating in our group sessions. Due to university regulations, all transcripts and data must be kept for 5 years. During this time, all information will be safeguarded and stored securely at the University of Saskatchewan.

Use of Data

The data collected will be used for completion of my Master's thesis project. The thesis will be available in the University of Saskatchewan collections. Specific copies will be made available to yourselves as well as to CIDA-the organization that funded the research. As one of the benefits may include information for curriculum development, a report will be provided to THRP upon your consent for release. In the future, the data may be used in a publication or for purposes of a conference presentation. I will take precautions to preserve anonymity and confidentiality in any subsequent use of the data.

Ethics Approval

The proposed research project was reviewed and approved on ethical grounds by the University of Saskatchewan Advisory Committee On Ethics in Behavioural Science Research on December 12, 2001.

Questions

If you have any questions regarding this project or your rights as a participant while I am on site in Massinga, you can ask me personally, contact Joan Feather by e-mail: joan.feather@usask.ca, or contact the Office of Research Services by phone: (306) 966-4053. After my return to Canada, you can also contact myself or Joan Feather at the addresses listed at the top of this form.

REQUEST FOR CONSENT TO PARTICIPATE IN THE INTERVIEW

I, _____, have read the consent form and understand the contents as related to one-on-one interview. I have received a copy of the consent form for my own records. I consent to participating in the one-on-one interviews for this research project.

Participant Researcher Date

REQUEST FOR CONSENT TO PARTICIPATE IN THE STORY-DIALOGUE SESSION

I, _____, have read the consent form, have attended the orientation session, and understand the contents as related to the Story-Dialogue method. I have received a copy of the consent form for my own records. I consent to participating in the Story-Dialogue Session for this research project.

Participant Researcher Date

REQUEST FOR CONSENT TO PARTICIPATE IN THE FOCUS GROUP DEBRIEFING

I, _____, have read the consent form and understand the contents as related to the Focus Group Debriefing. I have received a copy of the consent form for my own records. I consent to participating in the Focus Group Debriefing for this research project.

Participant Researcher Date

APPENDIX G: Consent Form – Portuguese (translated by M. Amily, language instructor)

Falarem Deles Mundo: Avaliação de Necessidades do Desenvolvimento Profissional

Pesquisador

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Supervisor

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Propósito do Estudo

O objectivo deste estudo é para encontrar acesso as necessidadas que vão contribuir para toda avaliação do programa de formação para Programa Progressivo da Saúde. Este estudo vñ exigir o envolvimento de formadores avaliar a sua experiência no terreno, tendo em conta tanto os deafios como os sucessos na sua prática quotidiana. Dados obtidos através das entrevistas, a sessão do diálogo-historial, e discussões em grupos serão usados para comentar sobre futuras potencias orientaçoés sobre desenvolvimento profissional.

Os Objectivos do Estudo

- Encontrar as necessidades continuas de educação dos formadores através de analise da experiencia do seu trabalho actual;
- Facilitar uma analise ou reflexao critica dos formadores;
- Reflectir na importancia do método de diálogo-historial neste contexto em particular.

Possiveis Benficios

Enquanto eu nao ofercio quaisquer garantias, eu penso que esta pesquisa ajudar-lhe-a por conseguinte:

- Providenciando tempo e espaco para você reflectir nas experiências actuais com fins de aprendizagem de modo a melhor a seu trabalho práctico;
- Providenciar experiência com o método diálogo-historial, o método que podia ser apropriado para o seu desenvolvimento profissional continuo;

- Providenciar uma análise das necessidades do desenvolvimento profissional baseado nos dados obtidos, que você podia usar na sua descrição.

Espero que esta mesma pesquisa possa beneficiar outros no seguinte:

- Providenciando THRP com conhecimento que possa ser usado no desenvolvimento curricular progressivo.

Procedimento

1ª Parte – Entrevistas

O tipo de entrevista será individual. Tomarei notas e gravar as entrevistas. As perguntas vão ser relacionadas com a sua experiência prática progressiva, o que você com a sua experiência prática progressiva, o que você considera, de desafios, se ou como você acha-se sucedido, e muito mais. Os dados ou informação obtidos na entrevista e será confidencial. Irei usar alguma de informação como dados para minha tese; estes dados não irão sua identidade de nenhum modo. Espero criar um conjunto de temas dos dados da entrevista para que, como um grupo, possam escolher um tema para a sessão diálogo-história. O tempo de duração da entrevista não ultrapassará duas horas. Você terá a oportunidade de rever a gravação sua entrevista e acrescentar, alterar e desfazer a informação como queira.

2ª Parte – Sessão do Diálogo-História

O método diálogo-história envolve a cada um de vocês a escrever uma história sobre o tema por todos escolhido. A história deve ser sobre uma experiência de trabalho específica e real. O método é complexo e você terá uma sessão de orientação em todos os passos e procedimentos envolvidos antes de chamá-lo a assinar o impresso conciso por participação na sessão diálogo-história. A sessão em si será gravada. Essa informação servirá apenas para me atualizar sobre a sequência dos acontecimentos quando for a escrever a minha tese. No final da sessão, teremos criado notas teóricas e “insight cards”. Esta informação será muito geral e não irá de algum modo identificar-lhe com um indivíduo. Irei usar ambos “insight cards” e as notas teóricas como dados para minha tese. A sessão diálogo-história irá levar, no total, dois dias do seu tempo.

Uma parte do tempo sera para instruções, outro para escrever a tua historia, mas o muito-acerca de um dia inteiro-sera para os trabalhos ou propria sessão .

3ª Parte- Sessão de Grupo

Tendente a oferecer-lhe uma oportunidade de reflectir na experiencia da pesquisa e para mim me certificar de que interpretei tudo correctamente, gostaria de ter uma sessão de trabalho de grupo antes que eu regresse a Canada. Durante a tal sessão , você sera capaz de apresentar qualquer sentimentos, dar me o parecer sobre a pesquisa métodos, e fazer perguntas. Durante a minha estadia em Massinga, estarei difundir informacoes.

Gostaria de oferecer vos uma oportunidade de discutir temas que possam surgir no jornal para certificar que barreiras culturais e linguisticas nao interferem na minha forma de interpretar as coisas. Isso pode tambem criar uma opotunidade de discutir assuntos ou desafios que nao constam neste boletim.

Riscos

Existem um certo risco em participar em sessão porque você esta se a por vulneravel as suas especulações porque vai revelar os desafios que encara na pratica. Assim, tomo em conta e minimizo esse risco por criar uma discussao antes do comeco do diálogo, onde podemos confessar todo a nós so receio e como assegurar a nós sa experiencia. Ao mesmo tempo, nós vamos estabelecer norma de grupo e regras so campo juntos.

Tambem convidei algumas pessoas particulares para examinar uma de cada historia. O meu desejo é que eles ajudam atinuar quaisquer tensões que possam surgir dos quatro colegas a examinar a sua pratica em conjunto. A pessoas extras serao materia para a sua aprovação , considereei: Judith Wright, Claire Roberts, Odete, e Olivia.

Desistencia

Você tem o direito de se retirar deste estudo a qualquer altura. A sua retirada nao devera afectar no Programa Renovado de Saude. Durante a tua retirado você pode requer

também que os seus dados sejam apagados do estudo.

Confidencialidade

Toda a informação que identifique a pessoa será retirada destes dados da minha tese. Embora todos os participantes nas sessões de grupo terão que assinar o acordo de confidencialidade, há limites à extensão que eu garanta que outros participantes cumpram os tais acordos. Peço-vos que cada um de vocês respeite inteiramente a privacidade e a confidencialidade de outras pessoas participantes nas nossas sessões de grupo. Por causa dos regulamentos da universidade, todas as transcrições e dados devem ser arquivados por 5 anos. Durante esse tempo, toda a informação será seguramente guardada na Universidade de Saskatchewan.

O Uso dos Dados

Os dados coletados serão usados para completar o meu projecto de tese de mestrado. As teses estarão disponíveis nas coleções da Universidade de Saskatchewan. Cópias específicas serão reproduzidas para vocês assim como para CIDA—a organização que publica as pesquisas. Como um benefício, irá incluir o desenvolvimento da informação curricular, um relatório será elaborado para THRP quando do vosso consentimento para o efeito. No futuro, os dados serão usados na publicação ou propósitos de apresentação de conferências. Tomarei precauções para preservar o anonimato e confidencialidade em qualquer subsequente uso destes dados.

Aprovação da Ética

O proposto projecto de pesquisa foi revisto e aprovado nos termos éticos pelo Departamento de Ética de Pesquisa em Ciências Comportamentais da Universidade de Saskatchewan em 12 de Dezembro de 2001.

Perguntas

Se você tiver perguntas sobre este projecto ou teu direito como participante, enquanto eu estiver em Massinga, poderás perguntar pessoalmente, contactando Joan Feather através de e-mail: joan.feather@usask.ca , ou contacta o Gabinete de Serviços de Pesquisa pelo telefone: 1-306-966-4053. Depois do meu regresso a Canada, vocês poderão contactar-me ou Joan Feather através do endereço acima mencionado.

Pedido do Consentimento para Participar na Entrevista

Eu, _____, li a brochura e entendo os conteúdos da entrevista pessoal. Recebi a cópia da brochura para meus próprios registos. Eu consinto participar na entrevista pessoal para este projecto de pesquisa.

_____	_____	_____
Participante	Pesquisador	Data

Pedido do Consentimento para Participar na Sessão Diálogo-Histórial

Eu, _____, li a brochura, assisti a sessão orientadora, e compreendo os conteúdos relacionados com o método diálogo-histórial. Recebi a cópia da brochura para meus próprios registos. Eu consinto participar nas sessões do diálogo-histórial para este projecto de pesquisa.

_____	_____	_____
Participante	Pesquisador	Data

Pedido do Consentimento para Participar nas Sessões de Grupo

Eu, _____, li a brochura e compreendo os conteúdos relacionados com sessões de grupo. Recebi a cópia da brochura para meus próprios registos. Eu consinto participar nas sessões de grupo para este projecto de pesquisa.

_____	_____	_____
Participante	Pesquisador	Data

Appendix H: Release Forms - English and Portuguese (translated by M. Amelie)

Interview Transcript Release Form

I, _____, have reviewed the complete transcripts of my interview and have been provided with the opportunity to add, alter, and delete information from the transcripts as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Katherine Stevenson. I hereby authorize the release of this transcript to only Katherine Stevenson to be used in the manner described in the consent form. I have received a copy of this Transcript Release Form for my own records.

Participant

Researcher

Date

Impresso de Levantamento de Transcricao

Eu, _____, revi as transcrições da minha entrevista e foi-me dada a oportunidade de acrescentar, alterar, ou desfazer a informação transcrita. Faço saber que as transcrições refletem correctamente o que foi dito na entrevista pessoal com a Katherine Stevenson. Autorizo o levantamento deste transcrito somente a Katherine Stevenson para ser usada na brochura. Recebi a cópia deste impresso de levantamento de transcrição para os meus registos.

Participante

Pesquisador

Data

Data Release Form

We, the participants in the Story-Dialogue Session, have reviewed the insight cards and theory notes and have been provided with the opportunity to add, alter, and delete information as appropriate. We acknowledge that the insight cards and theory notes accurately reflect the output of the Story-Dialogue Session that Katherine Stevenson facilitated. We hereby authorize the release of this data to only Katherine Stevenson to be used in the manner described in the consent form. We have each received a copy of this Data Release Form for our own records.

_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Participant	_____ Date
_____ Researcher	_____ Date

Impresso da Divulgação de Dados

Nós participantes de sessões de diálogo-histórial, pudemos rever os cartões de acesso e notas de teoria e fomos dados a oportunidade de adicionar, alterar, e desfazer a informação. Damos a conhecer que os cartões de acesso e as notas de teoria refletem exatamente como nós fornecemos na sessão do diálogo-histórial que a Katherine Stevenson nós facilitou. Nós autorizamos a divulgação destes dados somente a Katherine Stevenson para serem usados da maneira descrita impresso de consenso. Recebemos, cada um, uma cópia desta impresso de divulgação de dados.

_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Participante	_____ Data
_____ Pesquisador	_____ Data

Focus Group Transcript Release Form

I, _____, have reviewed the complete transcripts of my contributions to the focus group, and have been provided with the opportunity to add, alter, and delete information from the transcripts as appropriate. I acknowledge that the transcript accurately reflects what I said in the focus group session. I hereby authorize the release of this transcript to only Katherine Stevenson to be used in the manner described in the consent form. I have received a copy of this Transcript Release Form for my own records.

Participant

Researcher

Date

Impresso de Levantamento de Transcrição-Sessões de Grupo

Eu, _____, revi as transcrições da minha contribuições nas sessões de grupo, e foi me dada a oportunidade de acrescentar, alterar, ou desfazer a informação transcrito. Faço saber que as transcrições refletem correctamente no que foi dito durante as sessões de grupo. Autorizo o levantamento deste transcrito somente a Katherine Stevenson para ser usada na brochura. Recebi a copia deste impresso de levantamento de transcrição para os meus registos.

Participante

Pesquisador

Data